

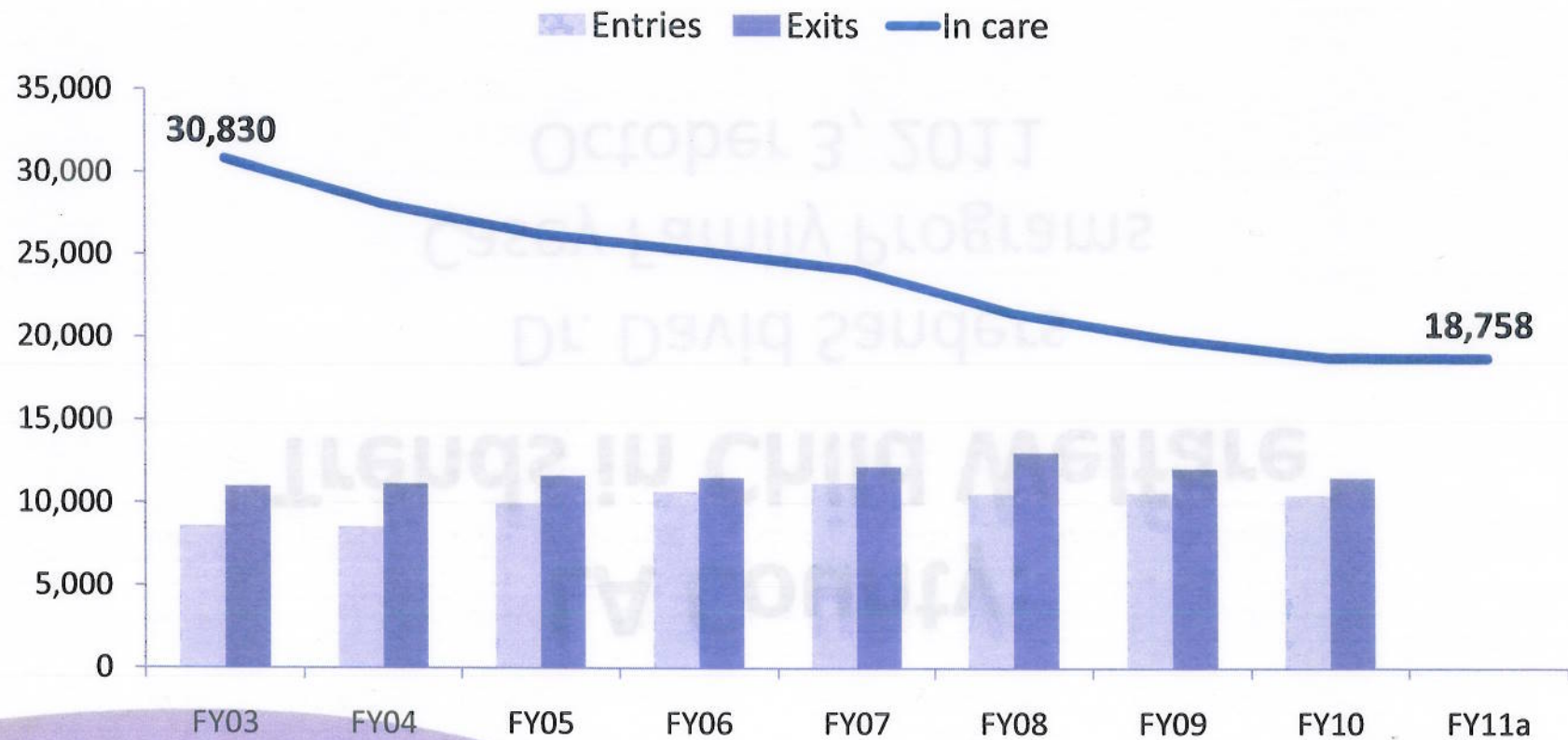


# LA County: Trends in Child Welfare

Dr. David Sanders  
Casey Family Programs  
October 3, 2011

## Overall Reduction:

Steady decline of 39% in the number of children in care

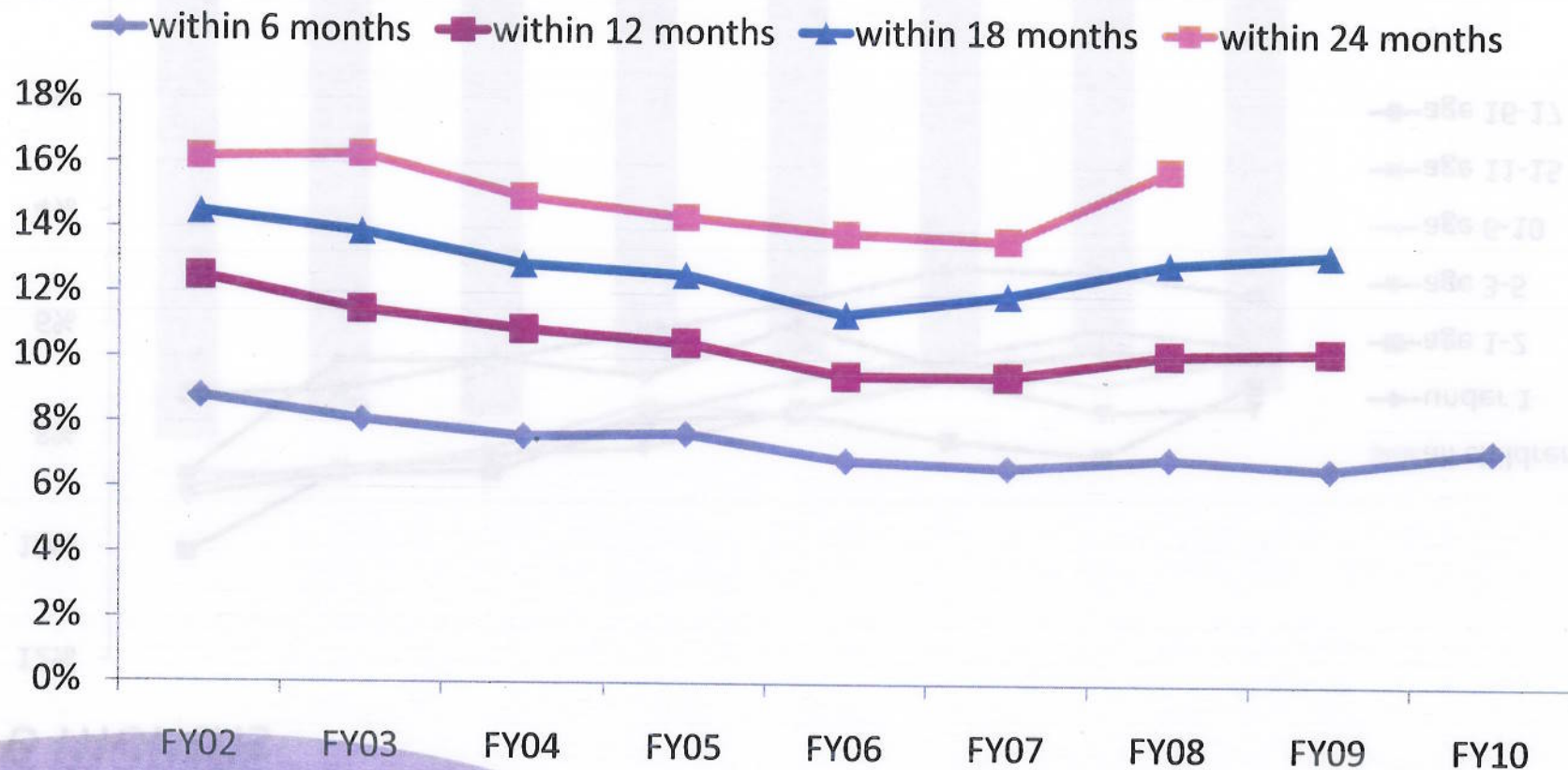


casey family programs

Data throughout slides from: [http://csr.berkeley.edu/ucb\\_childwelfare/](http://csr.berkeley.edu/ucb_childwelfare/)  
Data pulled 9.29.11

# Safety has improved overall:

Percent of children experiencing repeat maltreatment



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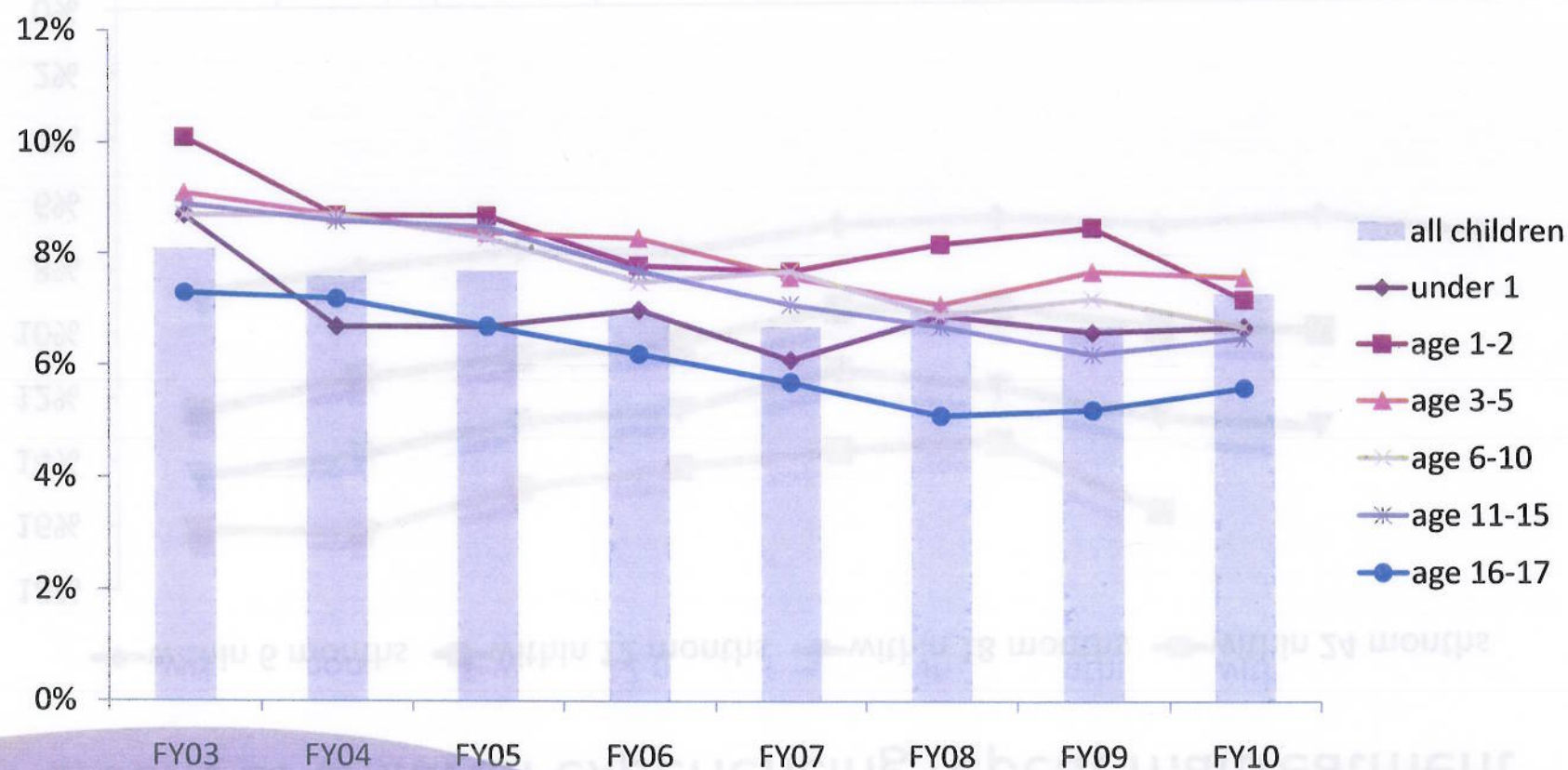
Data throughout slides from: [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/)

Data pulled 9.29.11



## Safety by age:

% of children experiencing repeat maltreatment within 6 months

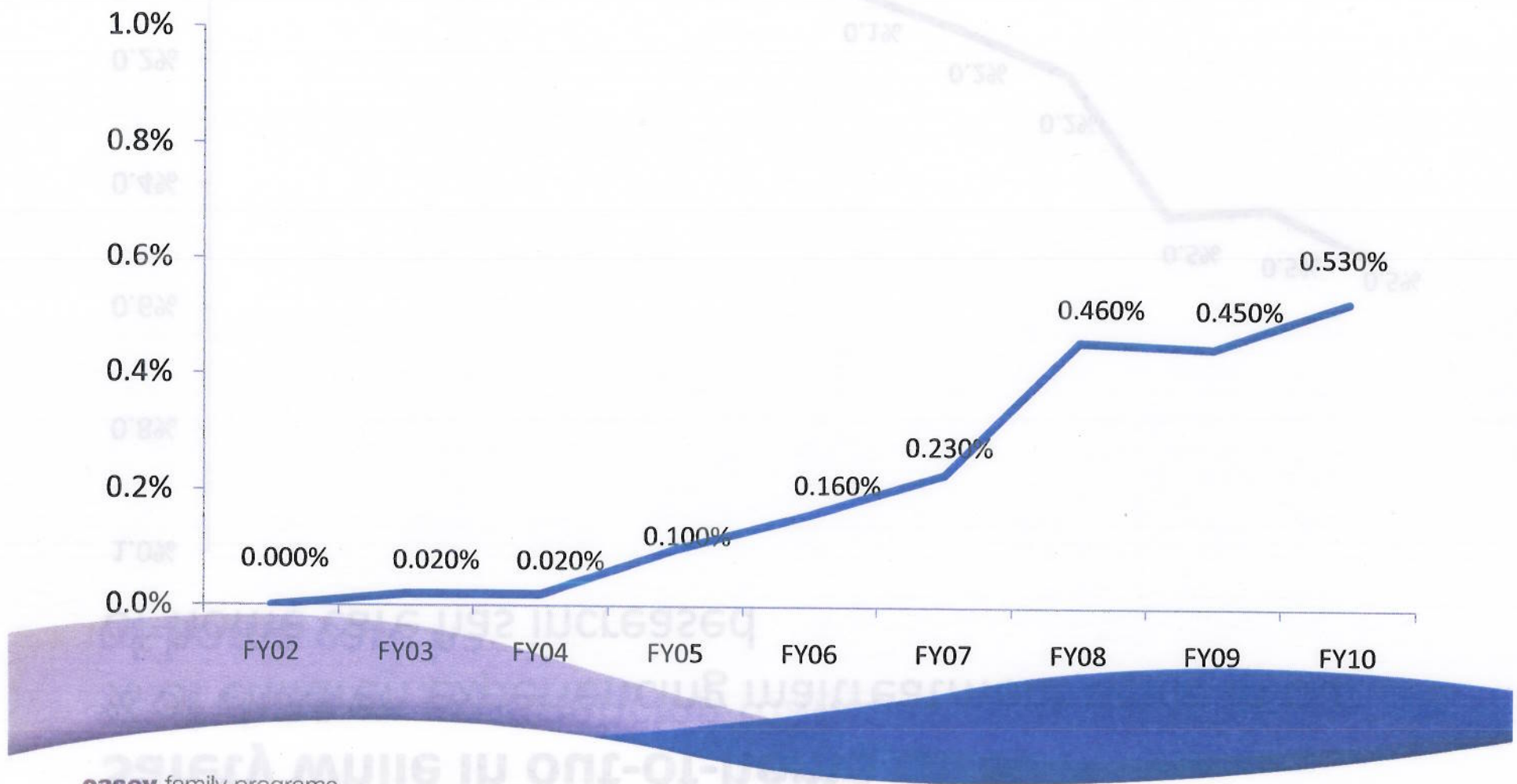


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Data throughout slides from: [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/)  
Data pulled 9.29.11

## Safety while in out-of-home care:

% of children experiencing maltreatment while in out-of-home care has increased



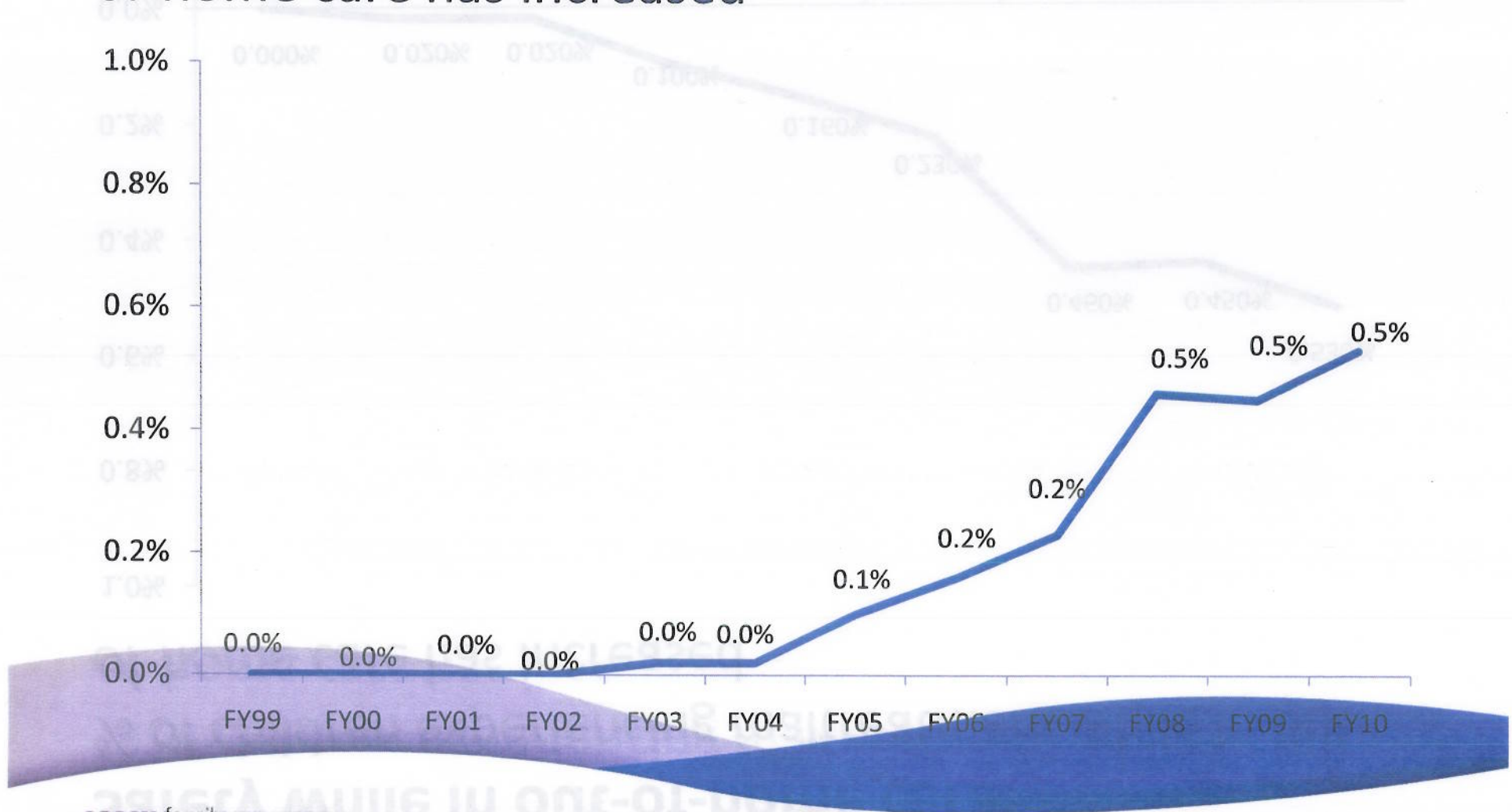
casey family programs

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Data pulled 9.29.11

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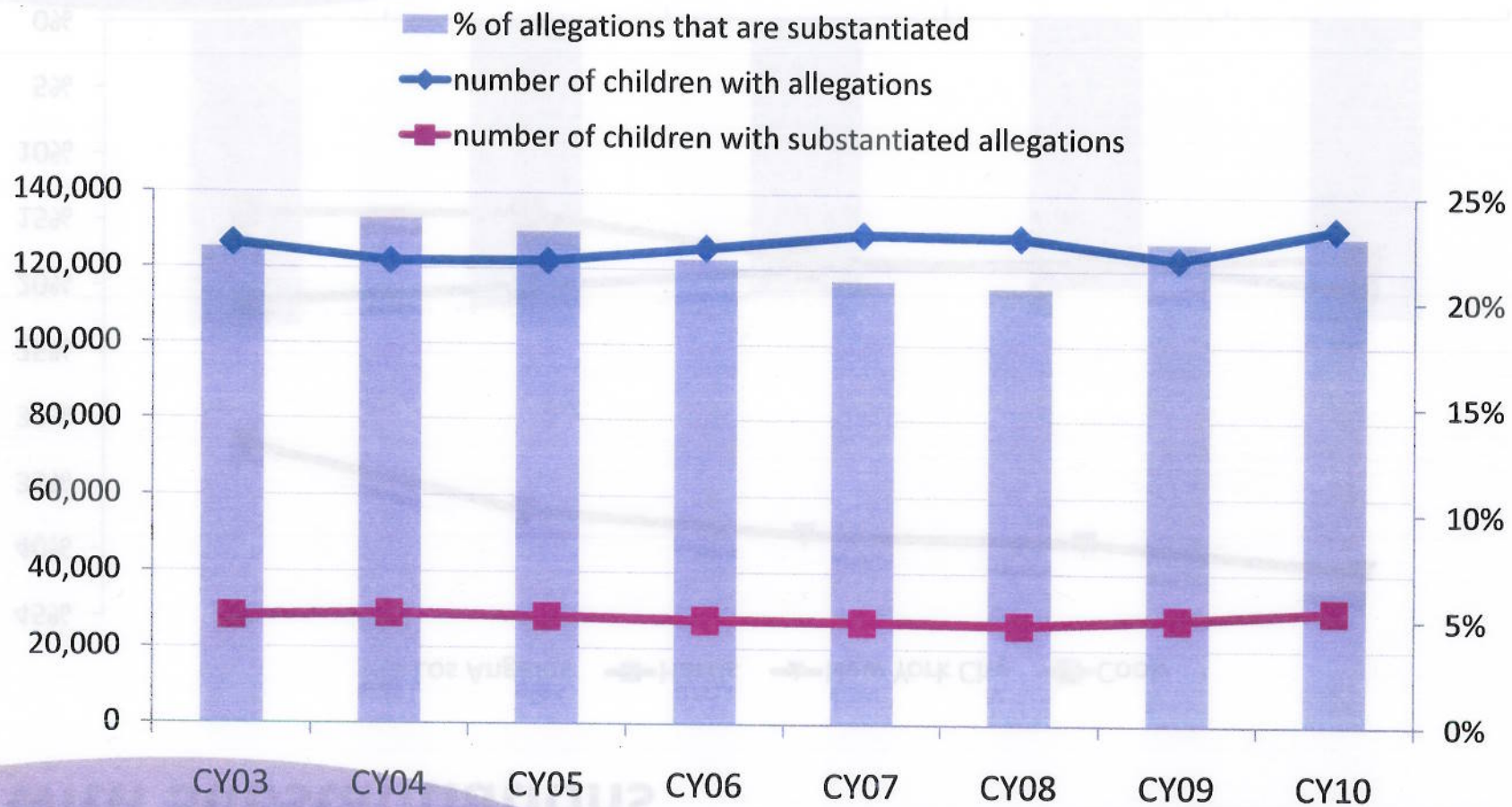


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Data throughout slides from: [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/)  
Data pulled 9.29.11



# Allegations and substantiations remain stable

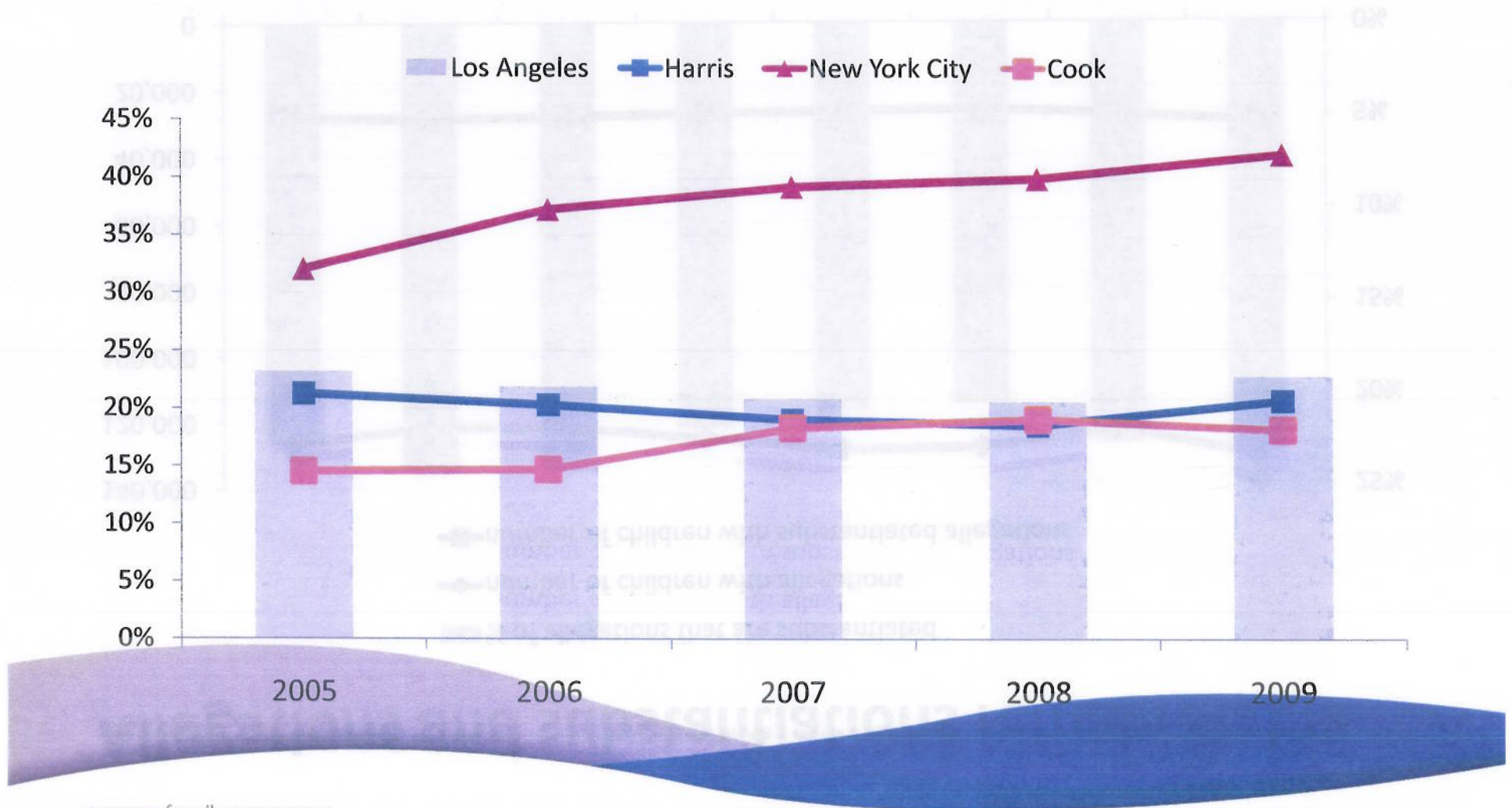


casey family programs

Data throughout slides from: [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/) (LA County) and AFCARS (other counties)

Data pulled 9.29.11

# Of Children Involved in Allegations, Percent with Substantiations



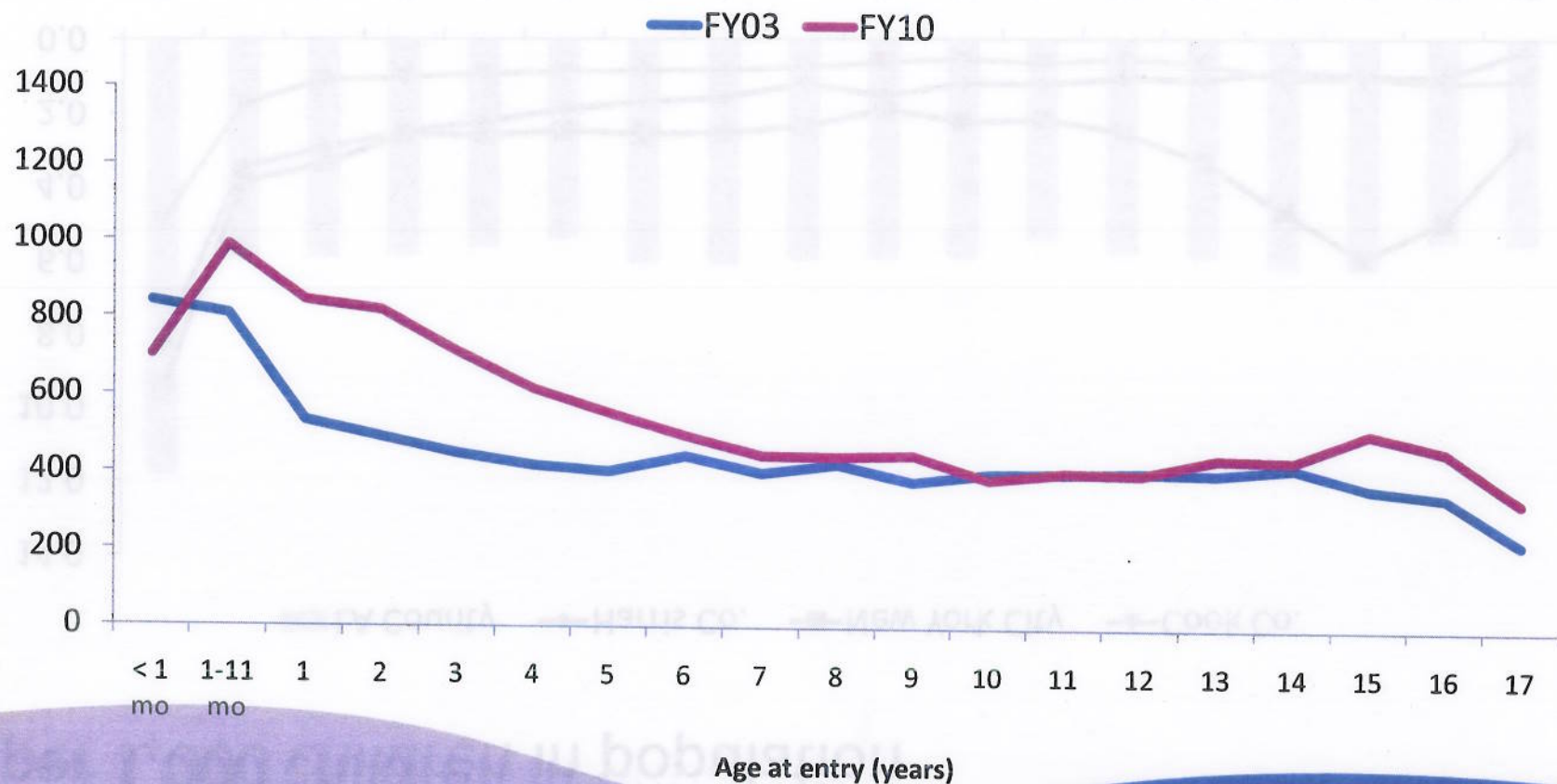
casey family programs

Data throughout slides from: [http://cssr.berkeley.edu/ucb\\_childwelfare/](http://cssr.berkeley.edu/ucb_childwelfare/) (LA County) and AFCARS (other counties)  
Data pulled 9.29.11

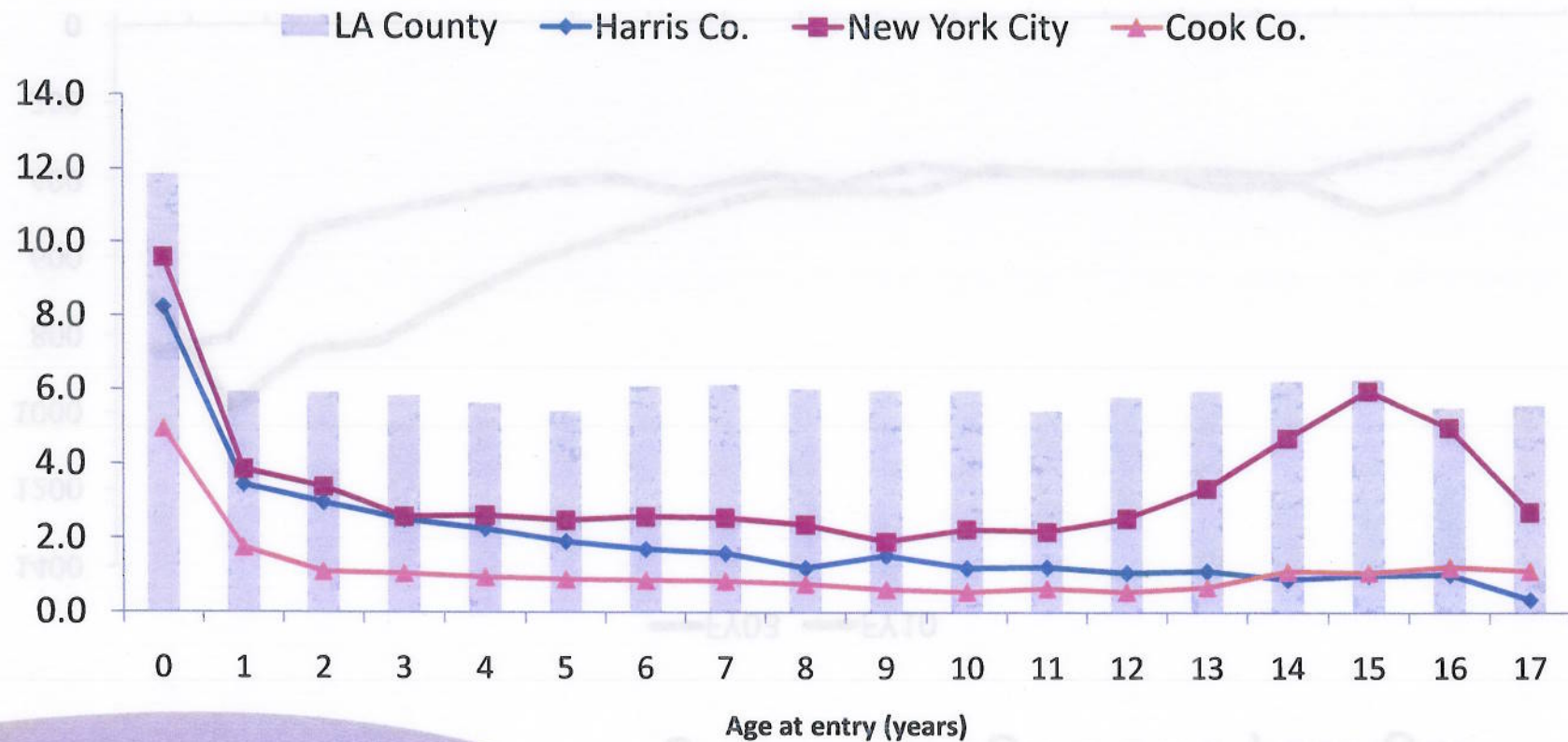


# Children Entering Care, by Age:

50% of children entering care are age 5 and younger

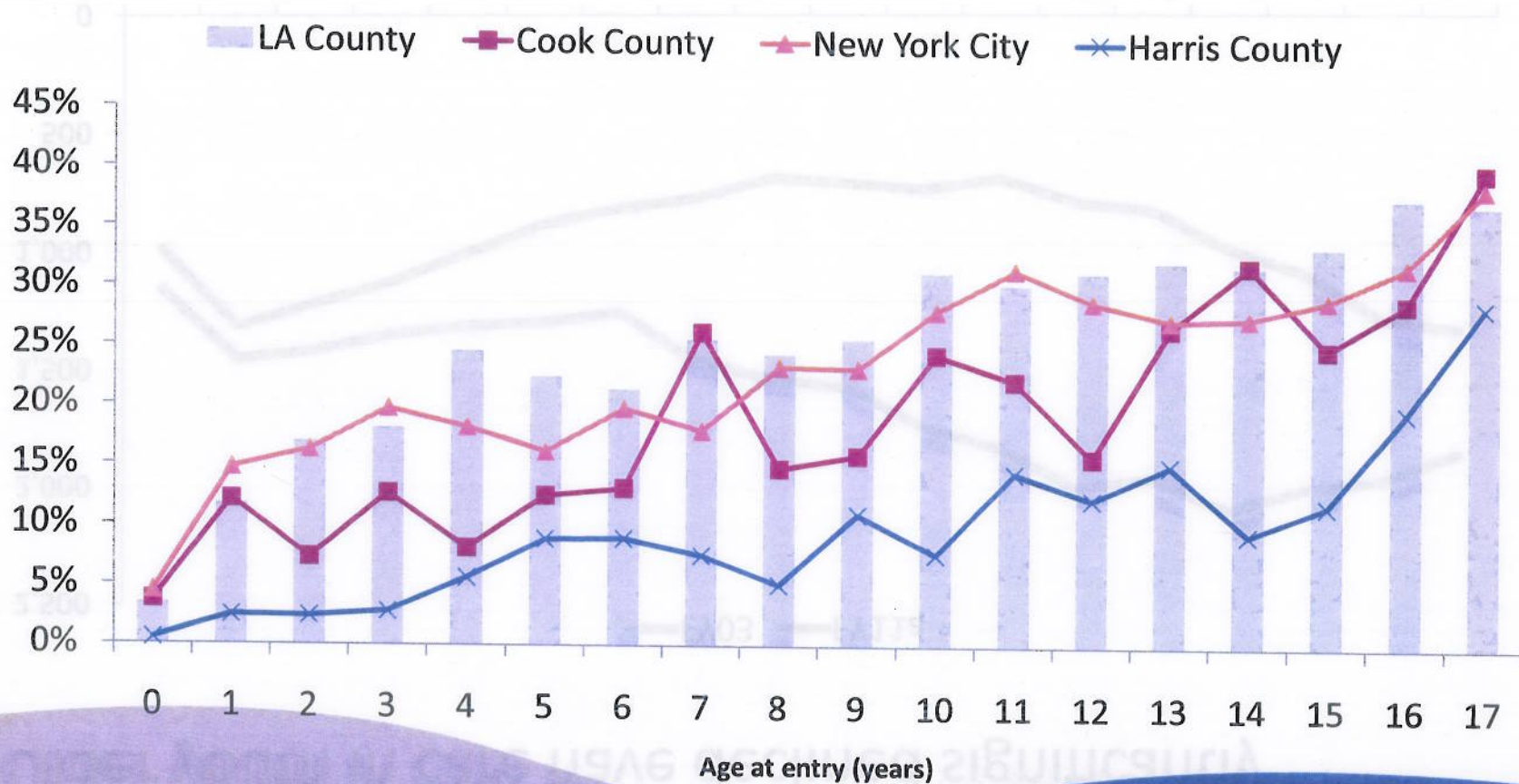


# Rate of Children Entering Care, by Age: per 1,000 children in population



# Percent of Entries that are Re-Entries:

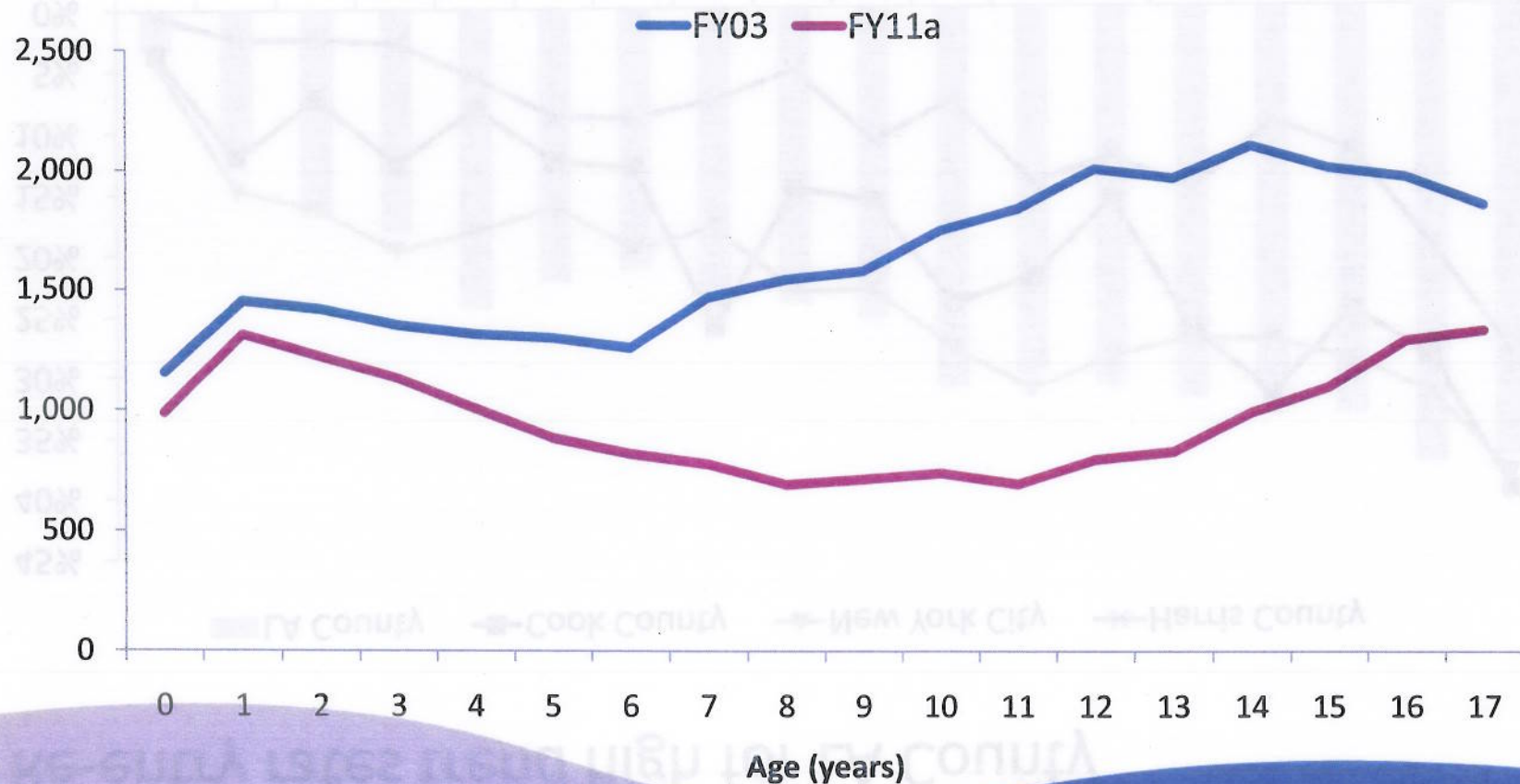
Re-entry rates trend high for LA County



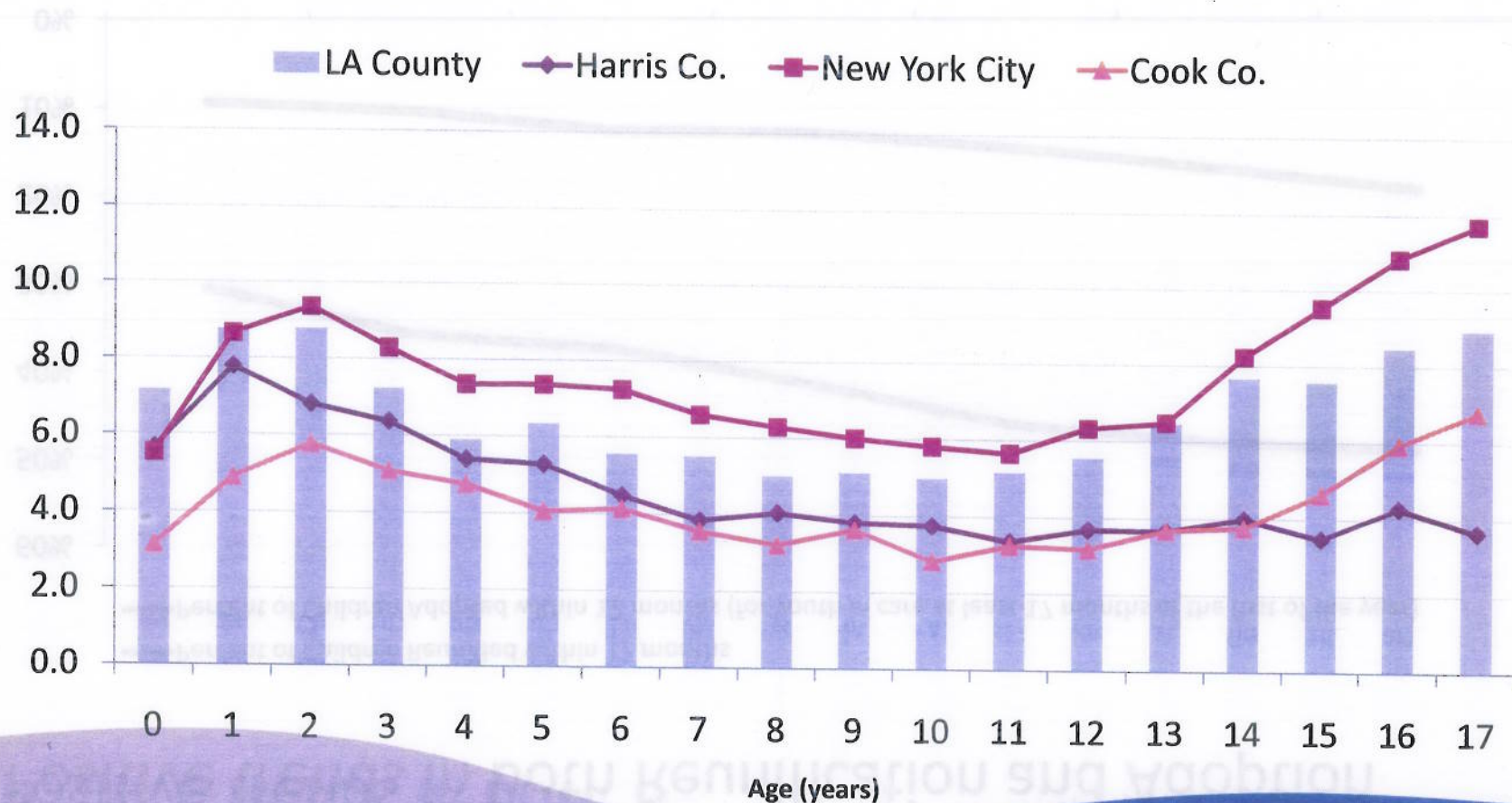


# Children In Care, by Age:

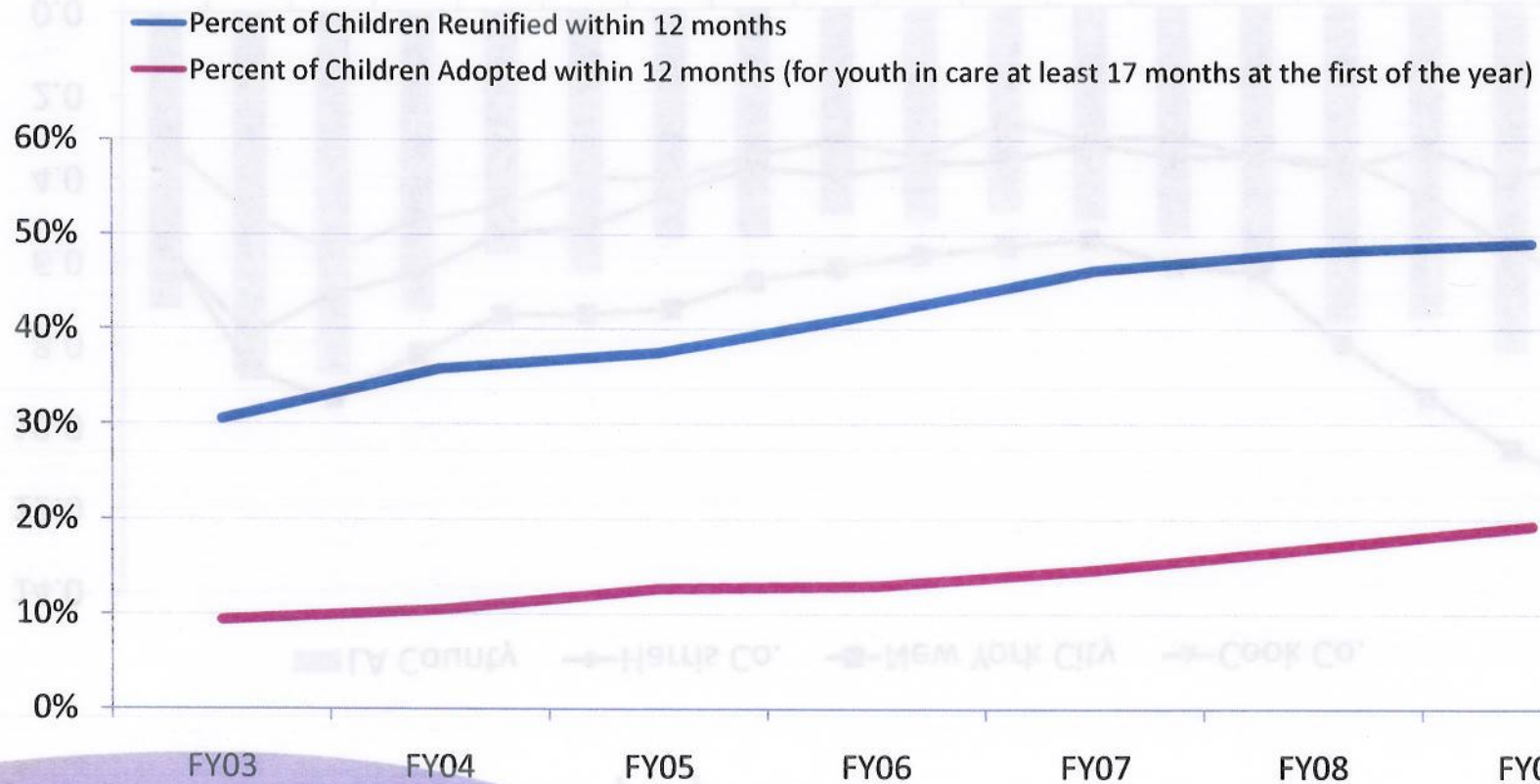
Older youth in care have declined significantly



# Rate of Children In Care, by Age: per 1000 children in population



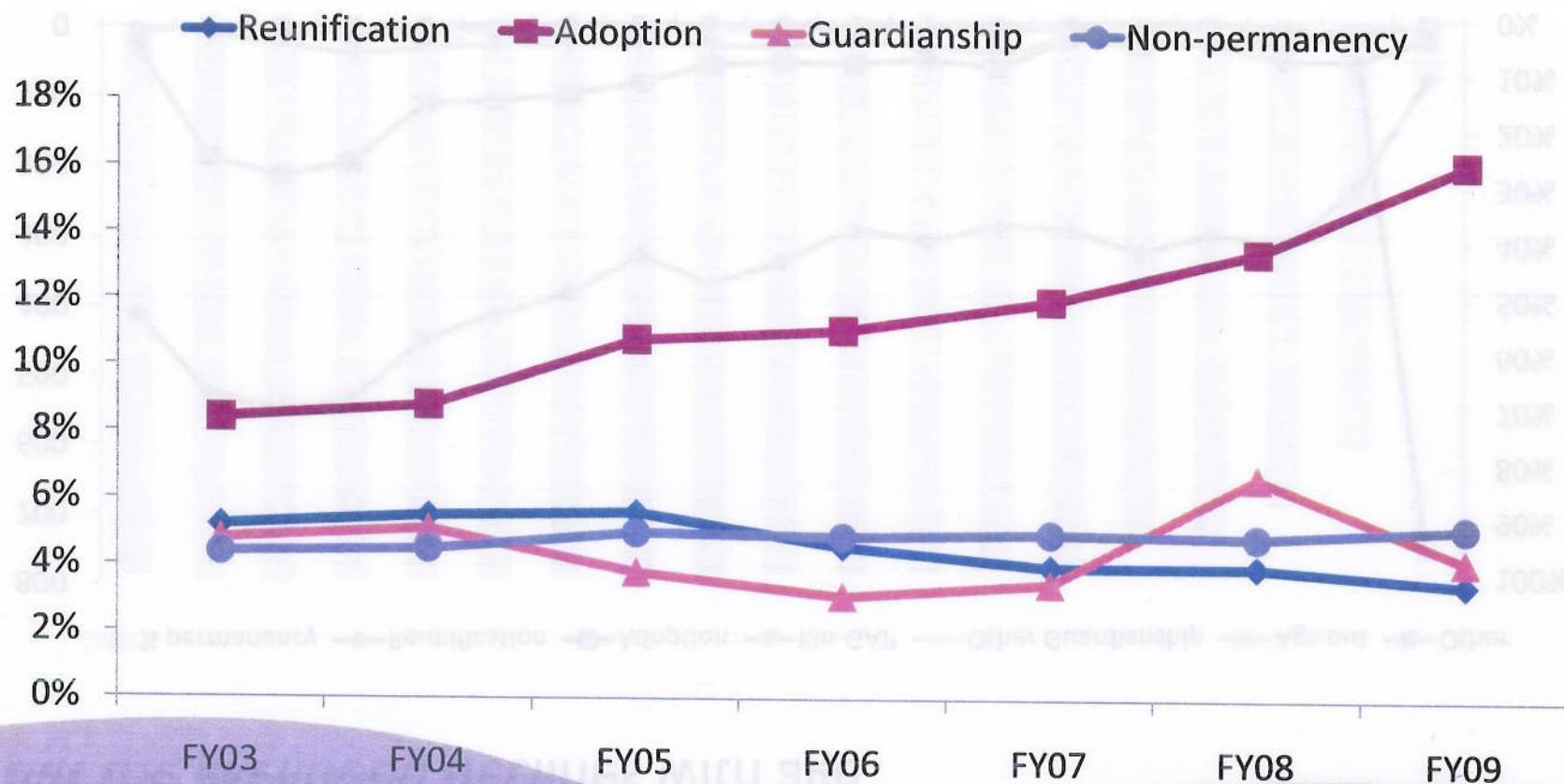
# Timeliness of Permanency Improving: Positive trends in both Reunification and Adoption





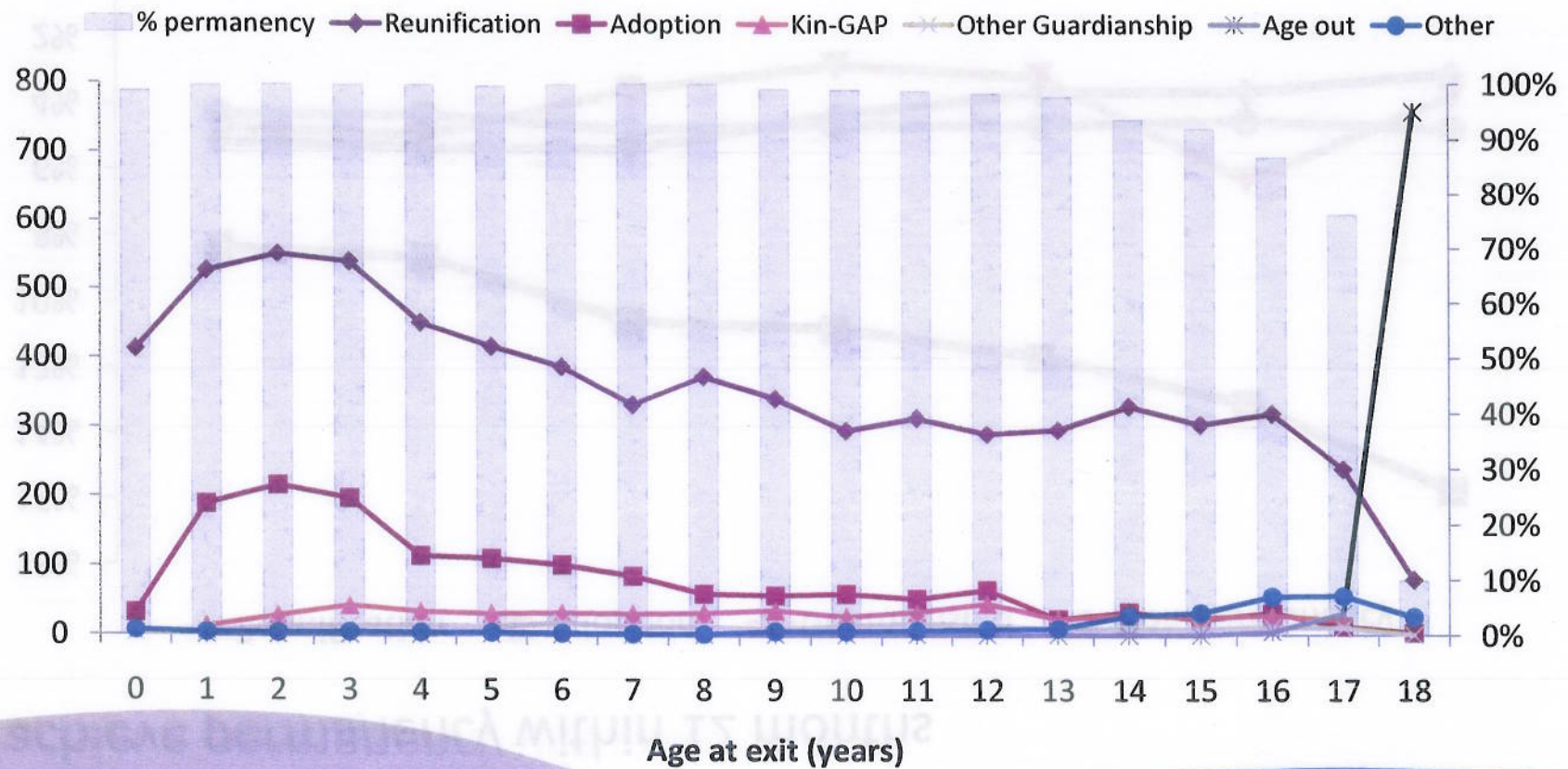
# Permanency for Long-Stayers Improving:

Percent of youth in care at least 24 months at start of year who achieve permanency within 12 months



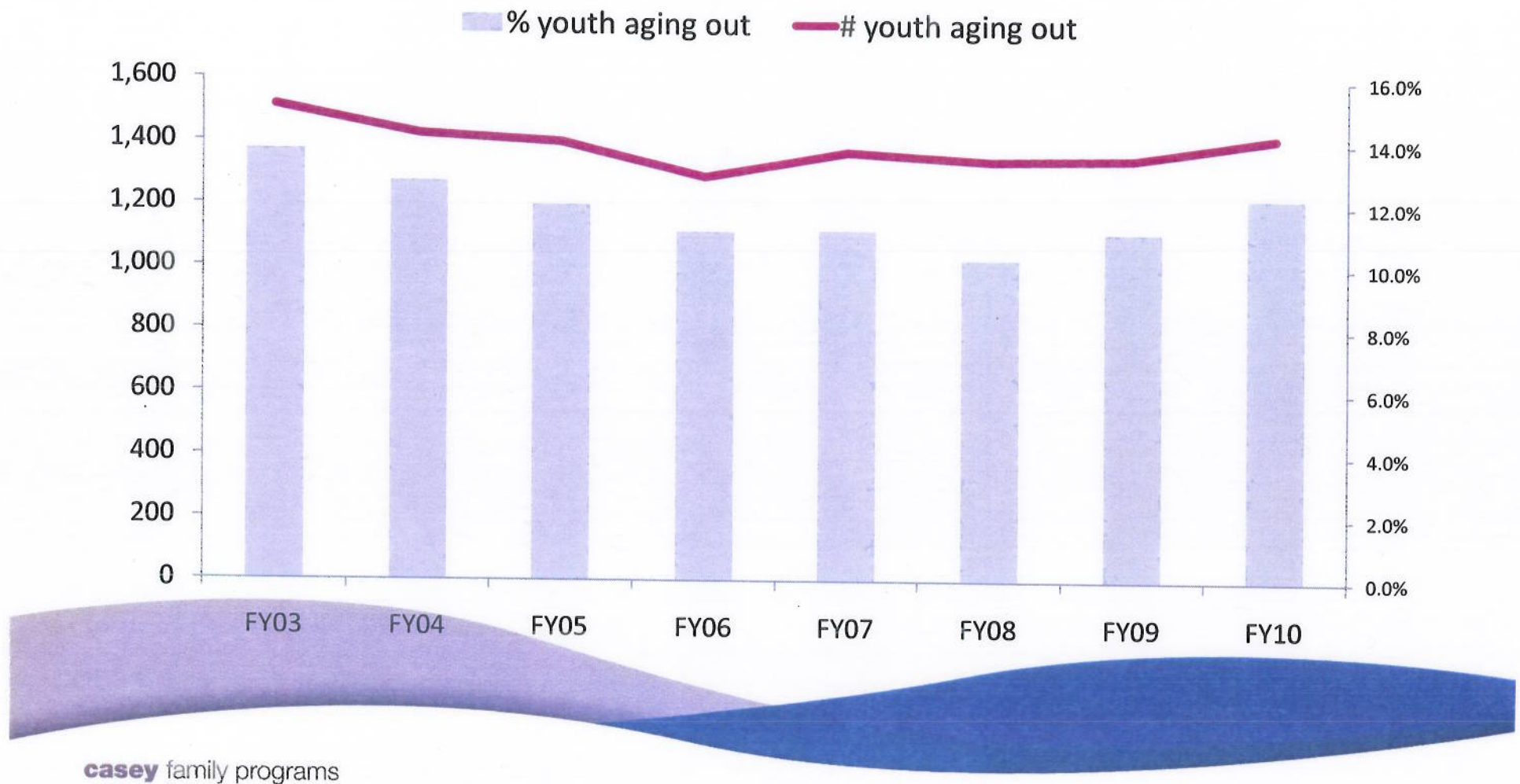
# Most Children Exit to Permanency:

## But the likelihood declines with age



# Youth who “Age Out” of care:

Overall decline, but both # and % trending back up









# Promoting Social and Emotional Well-Being by Facilitating Healing and Recovery

## THE CRITICAL INTERPLAY OF RELATIONSHIPS AND BRAIN DEVELOPMENT

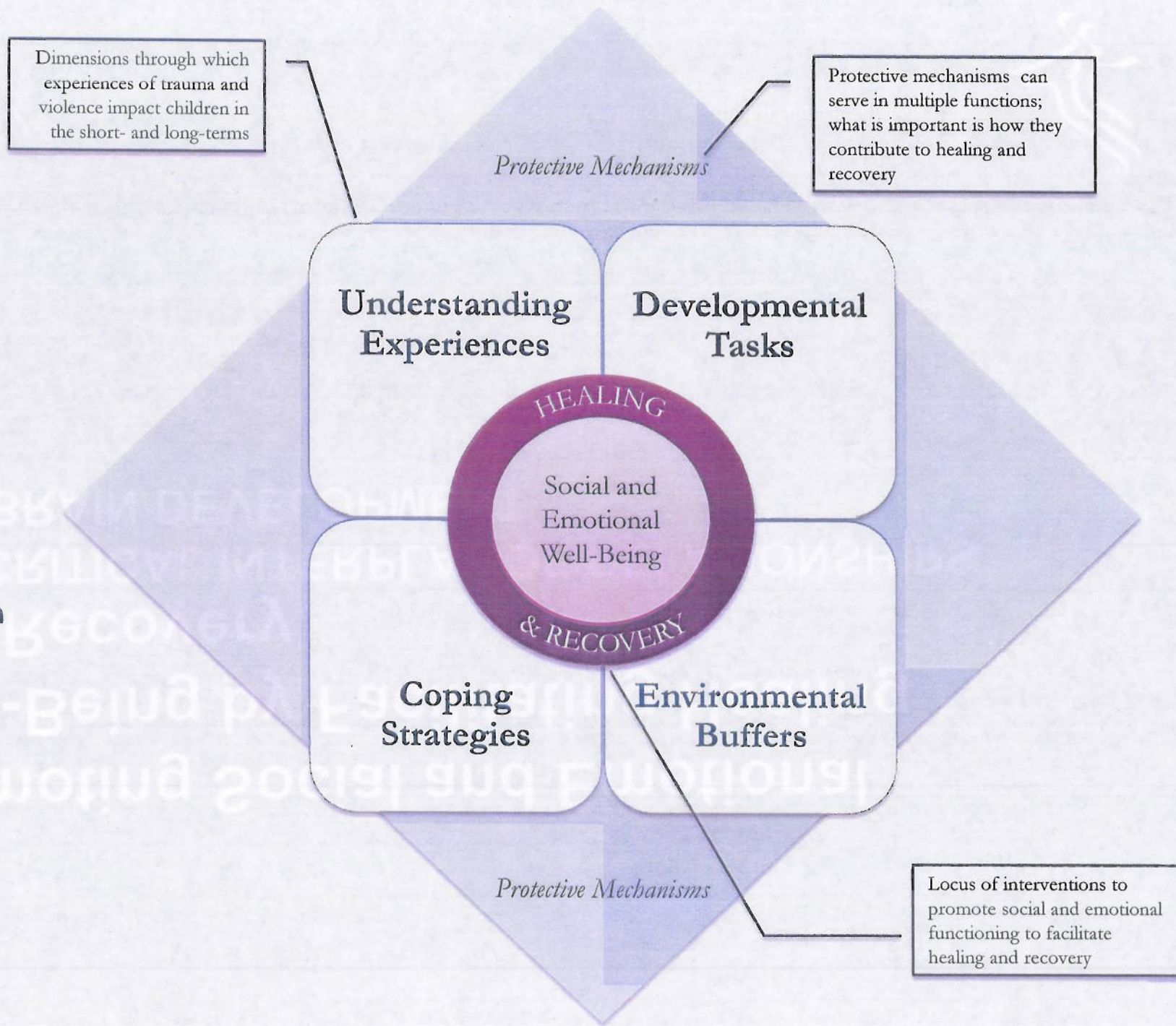
Bryan Samuels, Commissioner  
Administration on Children, Youth and Families

U.S. Department of Health and Human Services  
Administration for Children and Families





# Promoting Social and Emotional Well-Being to Facilitate Healing and Recovery





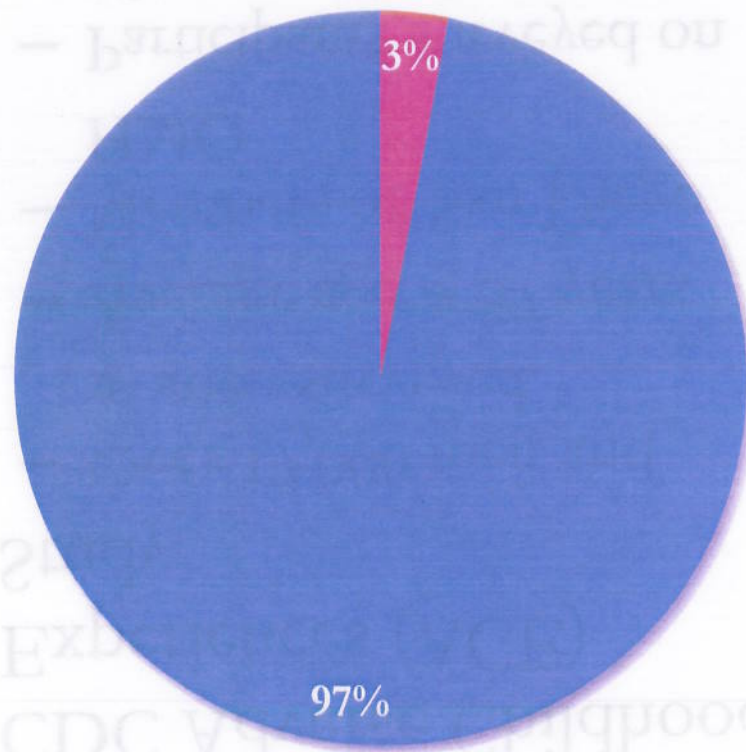
# Childhood Maltreatment and Physical Health

- CDC Adverse Childhood Experiences (ACE) Study:
  - Over 17,000 men and women surveyed.
  - Average age = 57 years
  - Members of San Diego HMO
  - Participants surveyed on 10 types of adverse childhood experiences
- Impact of 4+ ACEs
  - 1.3x physical inactivity
  - 1.6x severe obesity
  - 1.9x any cancer
  - 2.2x heart disease
  - 2.4 x stroke
  - 2.5x STDs
  - 7.4x alcoholism
  - 10.3x injected drug use
  - 12.2x suicide attempt

Felitti, J. et al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*. 14(4):245.

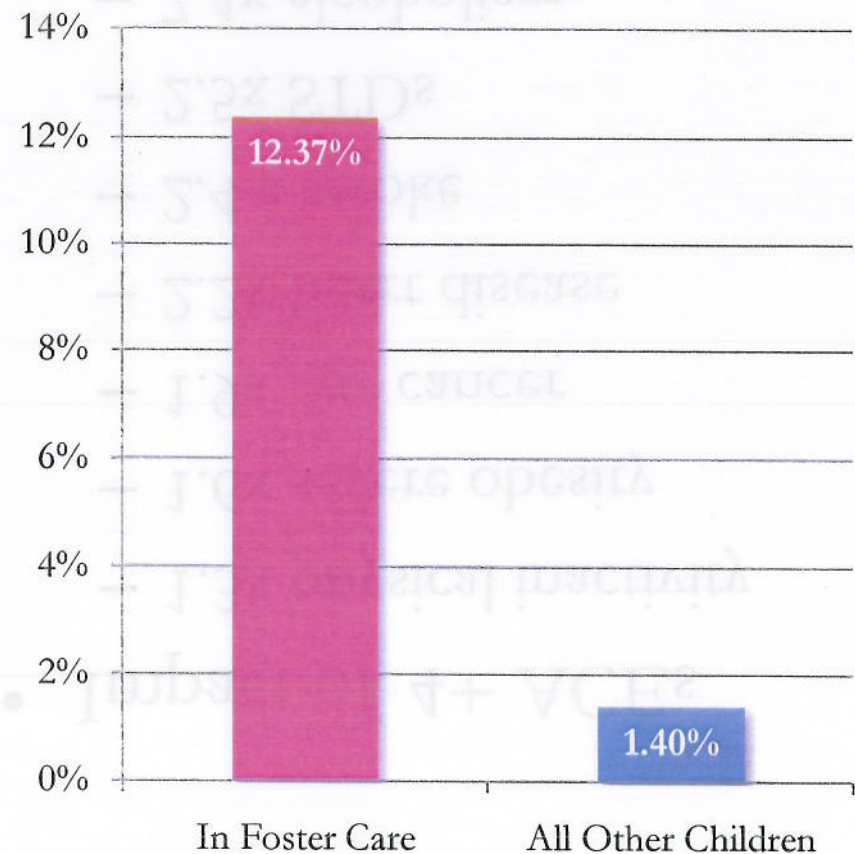
# Children in Foster Care Receive Disproportionate Levels of Antipsychotic Medication Compared to Other Children on Medicaid

Foster Care Status of Children Covered by Medicaid, FY 2007



■ In Foster Care ■ All Other Children

Antipsychotic Utilization Rate among Children Covered by Medicaid According to Foster Care Status, FY 2007



Medicaid Medical Directors Learning Network and Rutgers Center for Education and Research on Mental Health Therapeutics. *Antipsychotic Medication Use in Medicaid Children and Adolescents: Report and Resource Guide from a 16-State Study*. MMDLN/Rutgers CERT's Publication #1. July 2010. Distributed by Rutgers CERT's at <http://rci.rutgers.edu/~cseap/MMDLNNAPKIDS.html>.



***“Relationships engage children in the human community in ways that help them define who they are, what they can become, and how and why they are important to other people.”***

- Children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development – intellectual, social, emotional, physical, behavioral, and moral.
- Healthy development depends on the quality and reliability of a child’s relationships with the important people in his or her life, both within and outside the family. Even the development of a child’s brain architecture depends on the establishment of these relationships.
- **Growth-promoting relationships are based on the child’s continuous give-and-take (“serve and return” interaction) with a human partner** who provides what nothing else in the world can offer – experiences that are individualized to the child’s unique personality style; that build on his or her own interests, capabilities, and initiative; that shape the child’s self-awareness; that stimulate the growth of his or her heart and mind.
- Children who have healthy, sensitive, and responsive relationships with their primary caregivers are more likely to develop empathy, stronger cognitive skills, enhanced social competence, and work skills

National Scientific Council on the Developing Child (2004). *Young Children Develop in an Environment of Relationships: Working Paper No. 1*. Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)

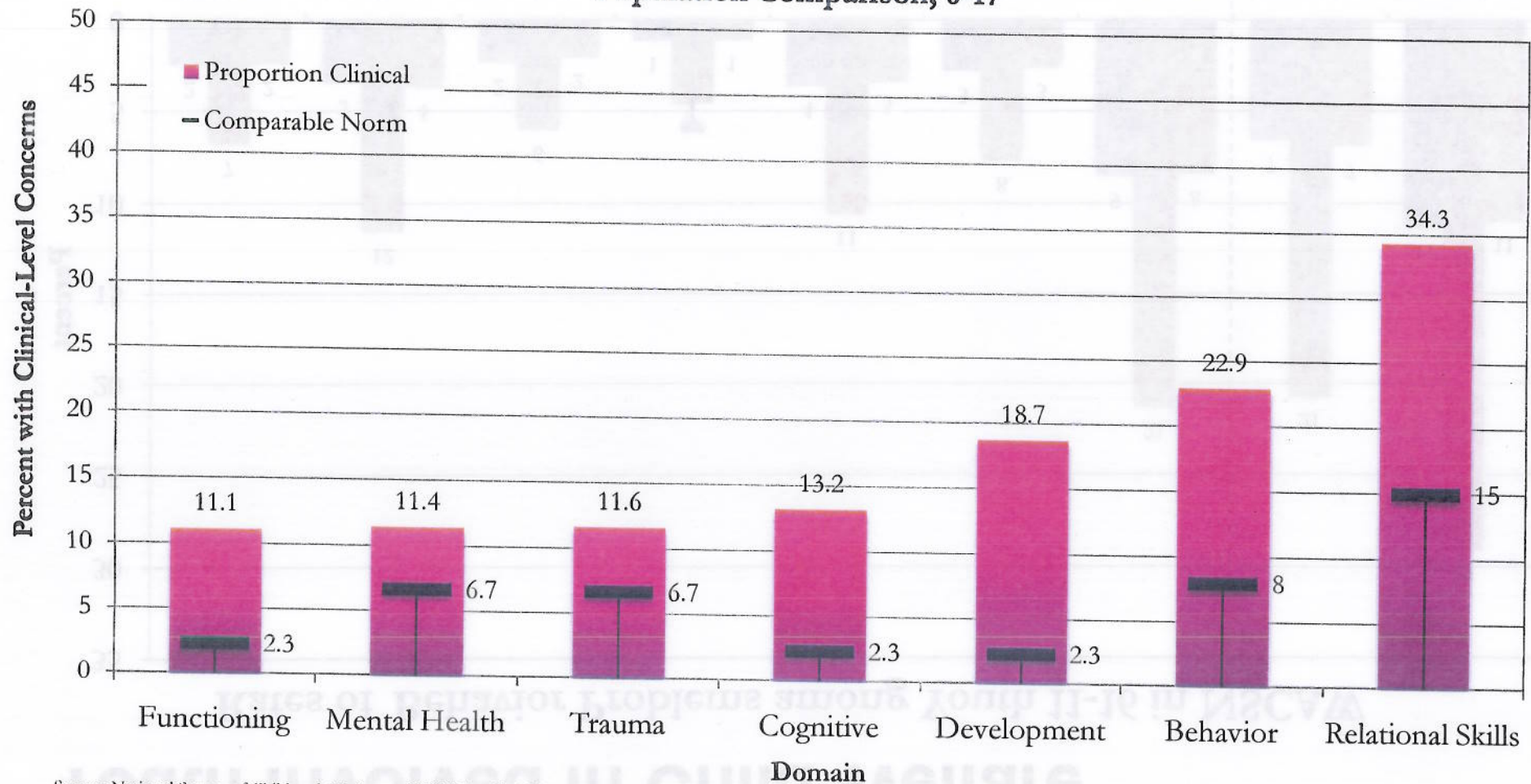


***“Traditional child welfare approaches to maltreatment focus largely on physical injury, the relative risk of recurrent harm, and questions of child custody, in conjunction with a criminal justice orientation. In contrast, when viewed through a child development lens, the abuse or neglect of young children should be evaluated and treated as a matter of child health and development within the context of a family relationship crisis, which requires sophisticated expertise in both early childhood and adult mental health.”***

National Scientific Council on the Developing Child (2004). *Young Children Develop in an Environment of Relationships: Working Paper No. 1*. Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)

# The experience of maltreatment compromises the well-being of children across multiple domains

Clinical-Level Concerns across Domains for Children Reported to CPS, General Population Comparison, 0-17



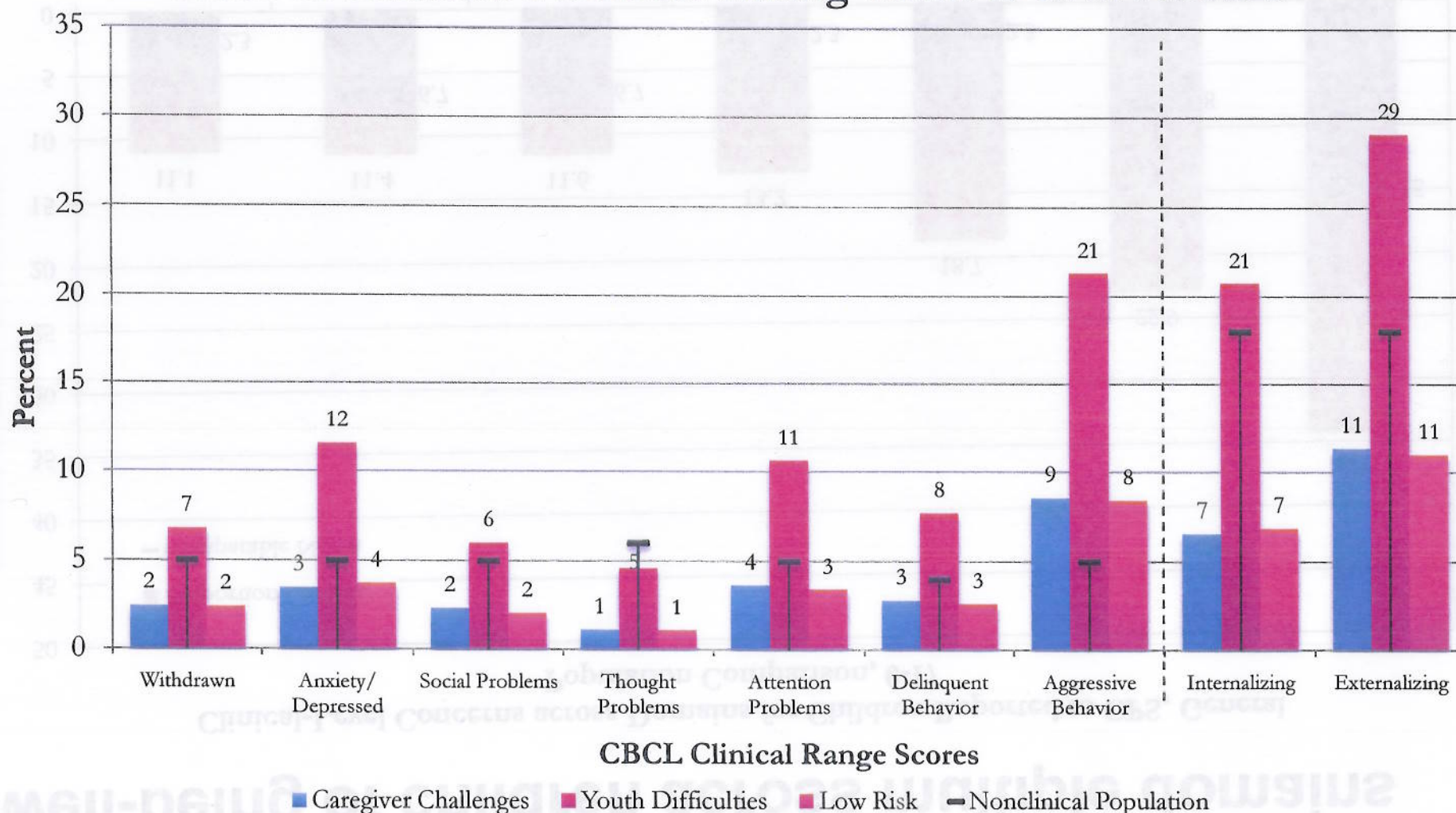
Source: National Survey of Child and Adolescent Well-Being II, US Department of Health and Human Services

Functioning: Vineland Adaptive Behavior Scale (VABS; Screener Daily Living Skills Domain), 0-17 years; Mental Health: Children's Depression Inventory (CDI; depression), 7-17 years; Trauma: Trauma Symptom Checklist for Children (TSCC; post traumatic subscale), 8-17 years; Cognitive: Kaufman Brief Intelligence Test (K-BIT; cognitive composite), 4-17 years; Development: Battelle Developmental Inventory, 2nd Edition (BDI-2; cognitive developmental quotient), 0-47 months; Behavior: Child Behavior Checklist (CBCL; problem behaviors total), 1.5-17 years; Relational Skills: Social Skills Rating System (SRSS; social skills), 3-17 years;



# Social, Emotional, & Cognitive Challenges for Youth Involved in Child Welfare

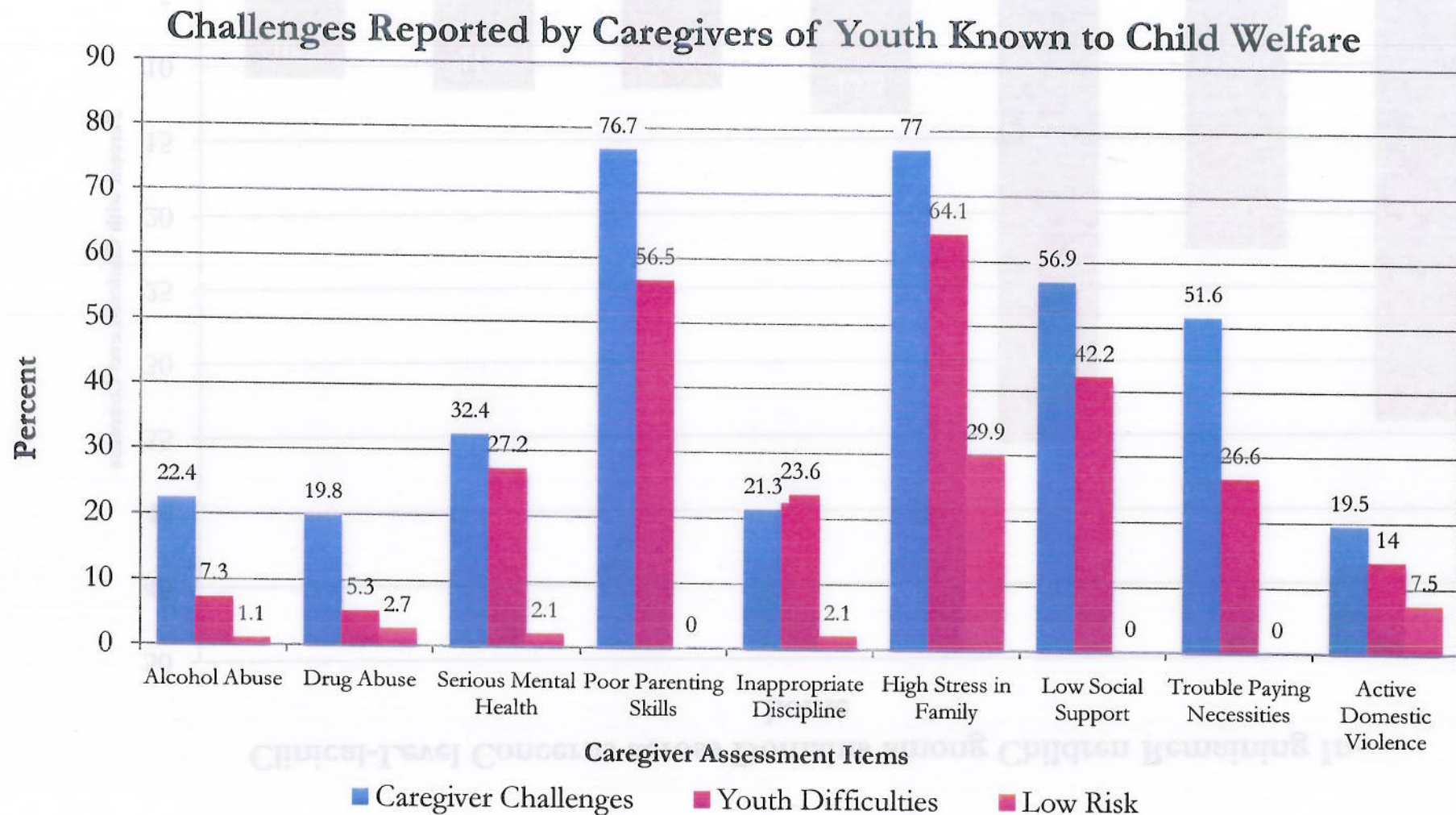
Rates of Behavior Problems among Youth 11-16 in NSCAW



Simmel, C. (2010). Why do adolescents become involved with the child welfare system? Exploring risk factors that affect young adolescents. *Children and Youth Services Review*. 32(12):1831.



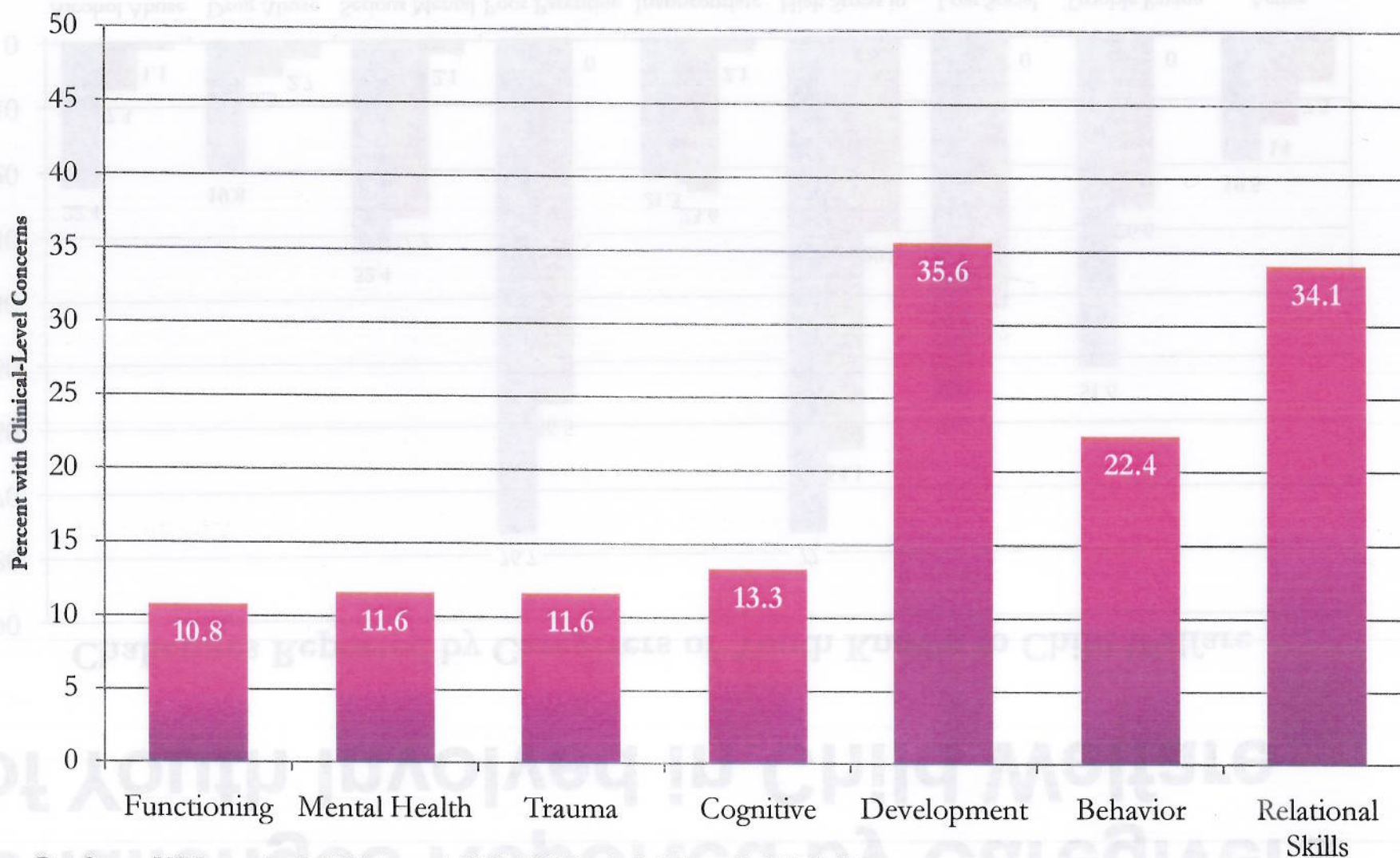
# Challenges Reported by Caregivers of Youth Involved in Child Welfare



Simmel, C. (2010). Why do adolescents become involved with the child welfare system? Exploring risk factors that affect young adolescents. *Children and Youth Services Review*. 32(12):1831.

# Placement Type: In-home

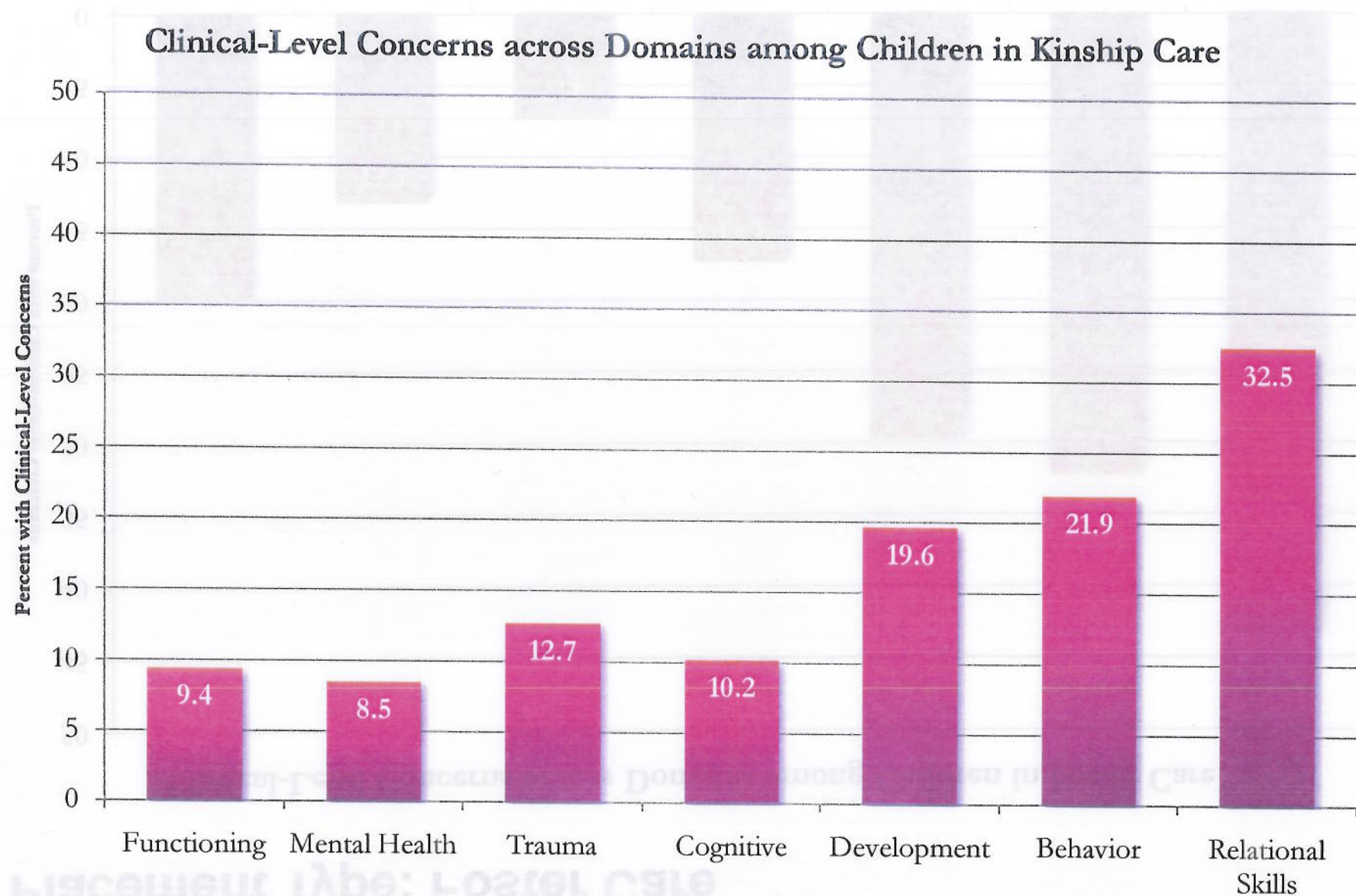
## Clinical-Level Concerns across Domains among Children Remaining In-home



Data Source: RTI International. (2011, in press). *NSCAW II Baseline Brief Report II: Child Well Being*.



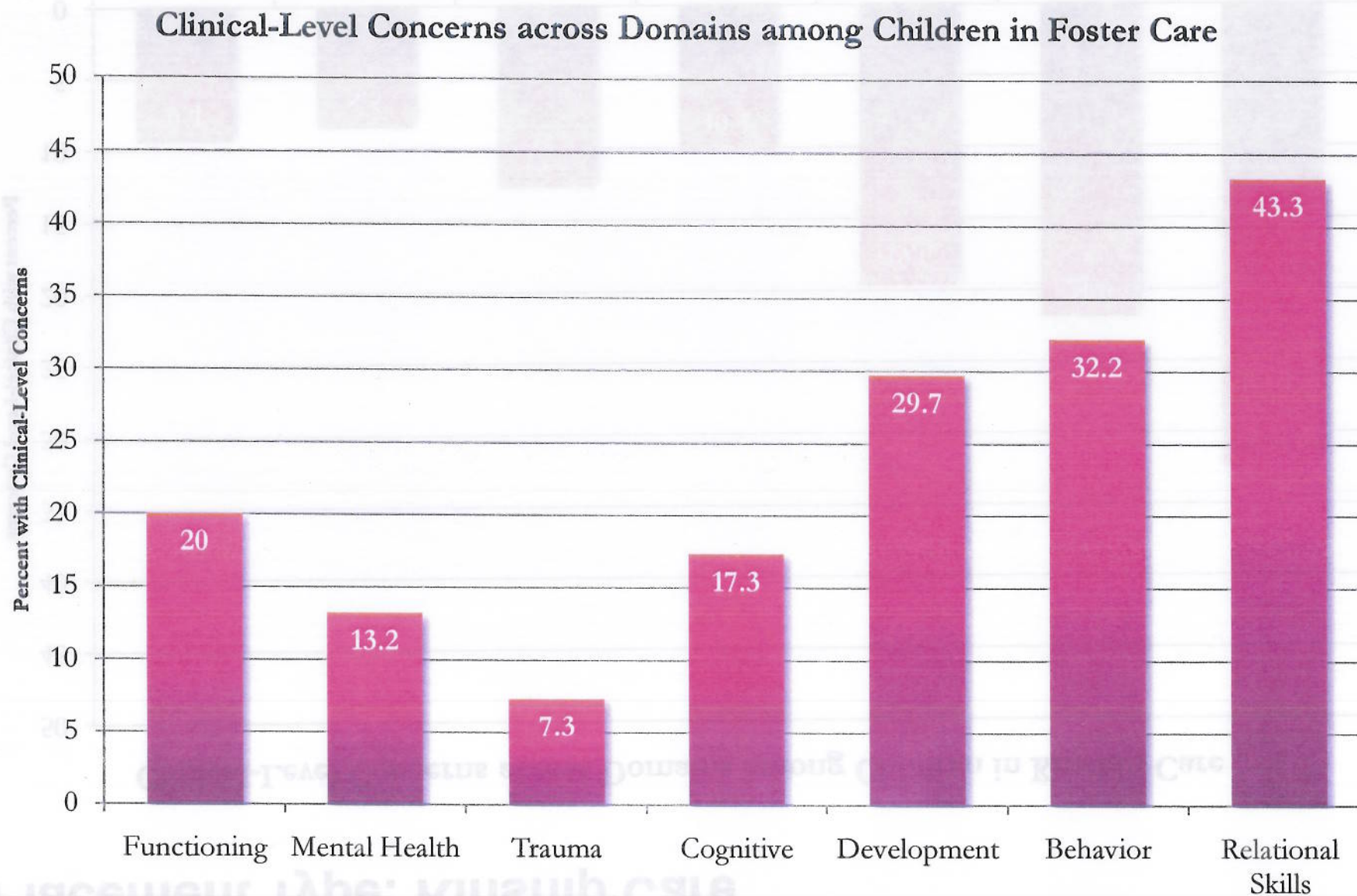
# Placement Type: Kinship Care



Data Source: RTI International. (2011, in press). *NSCAW II Baseline Brief Report II: Child Well Being*.



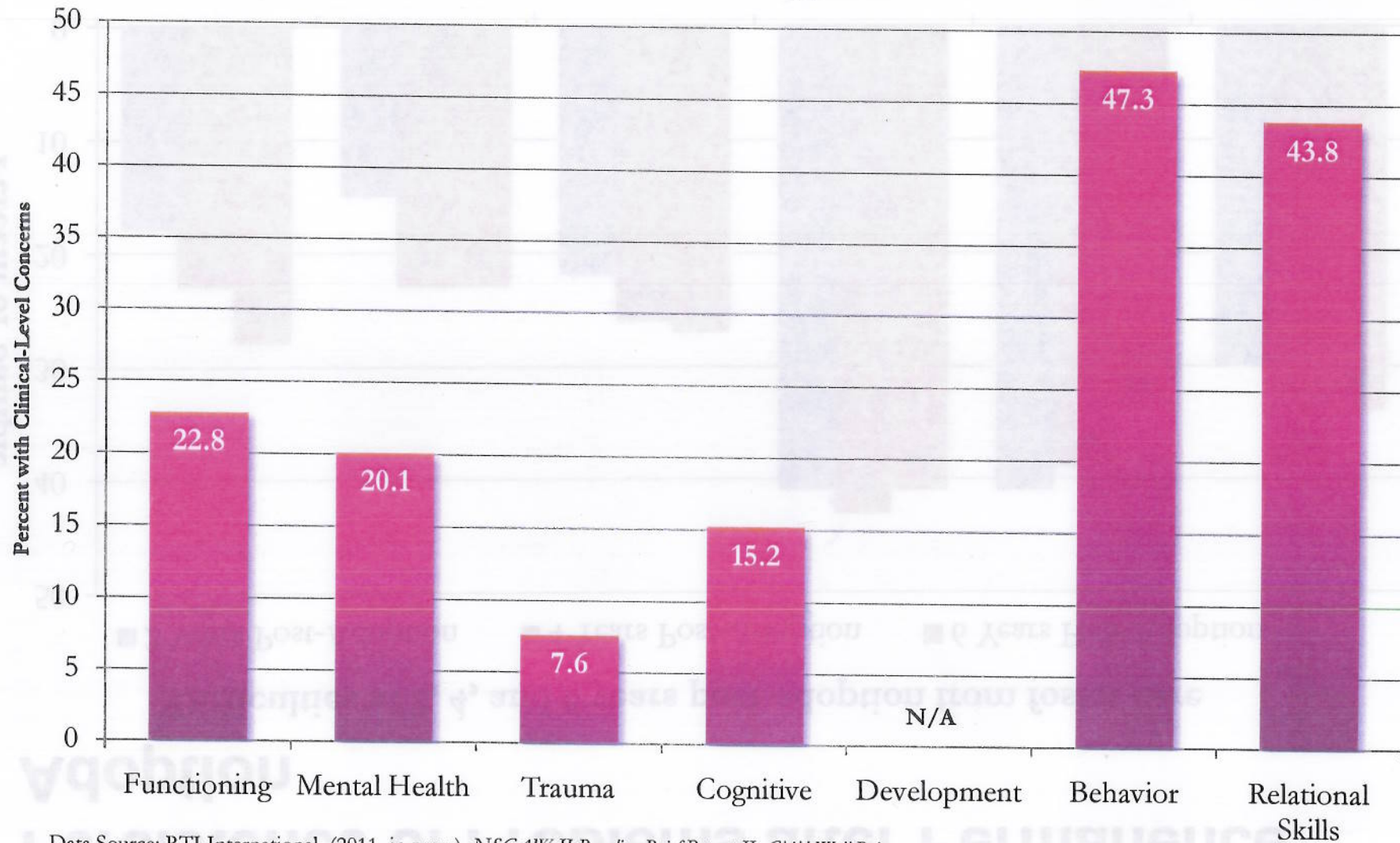
# Placement Type: Foster Care



Data Source: RTI International. (2011, in press). *NSCAW II Baseline Brief Report II: Child Well Being*.

# Placement Type: Group Home or Residential Program

## Clinical-Level Concerns across Domains among Children in Group Homes or Residential Programs

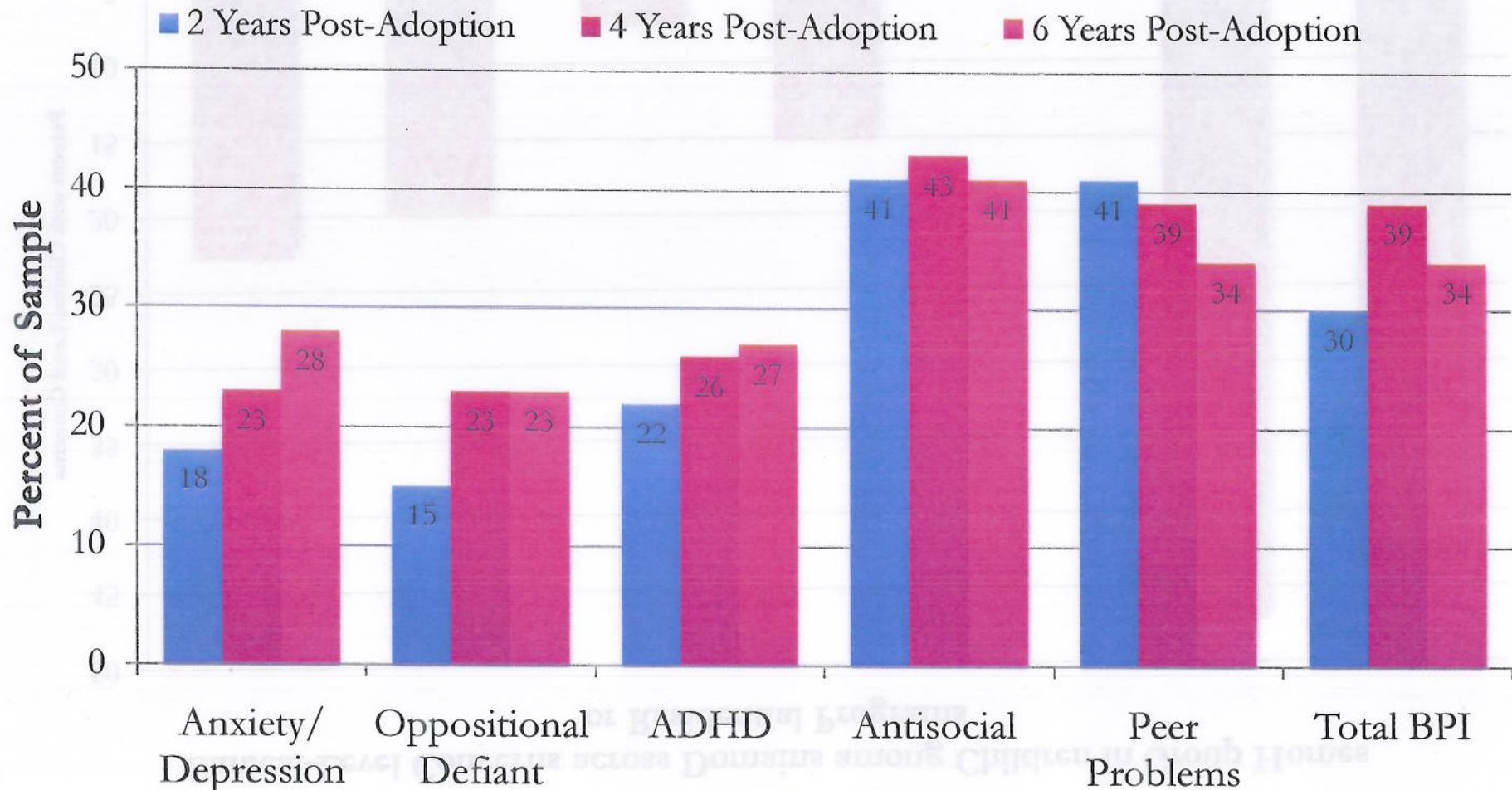


Data Source: RTI International. (2011, in press). *NSCAW II Baseline Brief Report II: Child Well Being*.



# Persistence of Problems after Permanence: Adoption

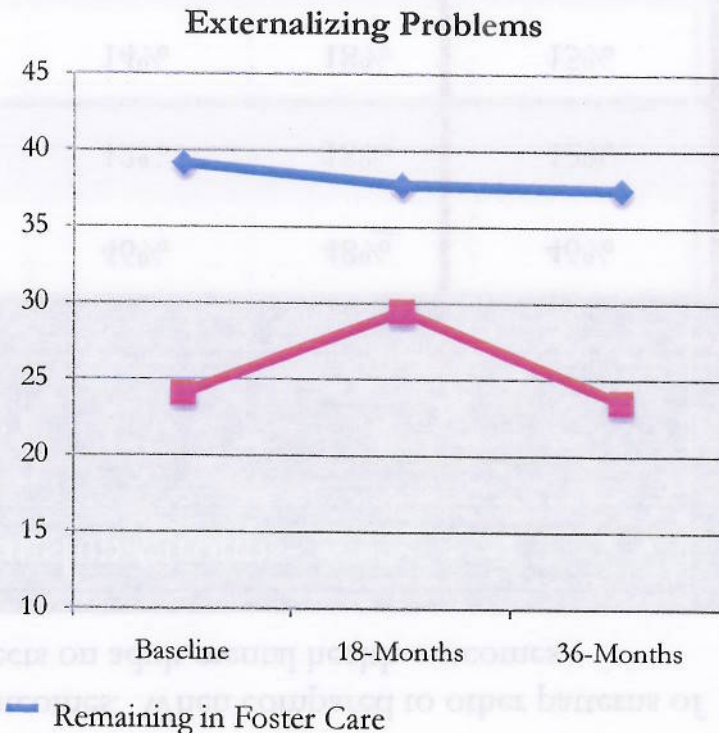
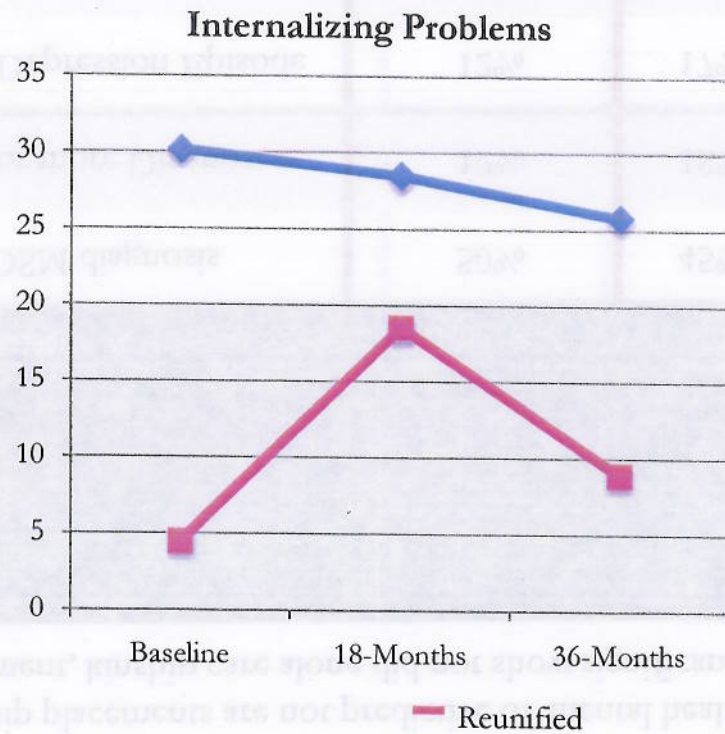
Difficulties at 2, 4, and 6 years post-adoption from foster care



Source: Simmel, C.; et al. (2007). Adopted youths psychosocial functioning: A longitudinal perspective. *Child and Family Social Work*. 12(4):336. BPI: Behavior Problems Index

# Persistence of Problems after Permanence: Reunification

- Compared with youth who were not reunified, youth who returned home displayed increasing levels of self-destructive behavior, substance use, and total risk behaviors. Reunified youth were more likely to have received a ticket or have been arrested, to have dropped out of school, and to have received lower grades. Reunified youth reported more current problems in internalizing behaviors, and total behavior problems and lower total competence<sup>1</sup>
- Following reunification, children who have been in long-term foster care are more likely to have increases in the severity of internalizing problems due to increased exposure to risk factors and decreased system supports<sup>2</sup>



1. Taussig, HN; Clyman, RB & Landsverk, J. (2001). Children who return home from foster care: A 6-year prospective study of behavioral health outcomes in adolescence. *Pediatrics*. 108, e10.
2. Bellamy, J. (2008). Behavioral problems following reunification of children in long-term foster care. *Children and Youth Services Review*. 30:216.



# Persistence of Problems after Permanence: Kinship Care

Kinship placements are not predictive of mental health outcomes. When compared to other patterns of placement, kinship care alone did not show significant effects on adult mental health outcomes.

Outcome	Kinship Groups					Overall
	100% of time in kinship care	More than 50% of time in kinship care	50% or less time in kinship care, fewer than 9 placements total	50% or less time in kinship care, 9 or more placements	No time in kinship care	
CIDI DSM diagnosis	50%	45%	46%	48%	46%	46%
Three or more Diagnoses	12%	18%	12%	18%	12%	13%
Major Depression Episode	12%	17%	14%	18%	15%	15%
Panic syndrome	4%	5%	12%	6%	12%	12%
Modified Social Phobia	12%	14%	10%	13%	12%	12%
Generalized Anxiety Disorder	4%	8%	13%	12%	9%	9%
PTSD	23%	18%	17%	30%	22%	22%

Average age was 30.5 years old, ranging from 20 to 49.

Source: Roller White, C; Havalchak, A; Jackson, L; O'Brien, K & Pecora, P. (2007) *Mental Health, Ethnicity, Sexuality, and Spirituality among Youth in Foster Care: Findings from the Casey Field Office Mental Health Study*. Casey Family Programs.



# Social Emotional Well-Being: What does it look like?

Domains/Constructs	Indicators	Sources for Extant Measures
Self-management	Age-appropriate autonomy, emotional self-regulation, persistence, constructive time use	(Seligman, 2002); PISA, TIMMS
Agency	Planfulness, resourcefulness, positive risk-taking, realistic goal-setting, motivation	(Matthews et al., 2006; Rychen & Salganik, 2001; Snyder, 2005)
Sense of purpose	Believing one's life is meaningfully connected to a larger picture	(Damon et al., 2003; Matthews et al., 2006)
Confidence	Positive identity and self-worth	(Lerner et al., 2005; Lerner et al., 2008)
Social Intelligence	Communication, cooperation, conflict-resolution skills, trust, intimacy	PISA; National Survey of Children's Health (NSCH)

Adapted from: Lippman, LH; Moore, KA & McIntosh, H. (2011). Positive indicators of child well-being: A conceptual framework, measures, and methodological issues. *Applied Research in Quality of Life*. Accessed on August 16, 2011. <http://www.springerlink.com.proxy.uchicago.edu/content/tr32721263478297/>.



# Social Emotional Well-Being: What does it look like? (Cont'd.)

Domains/Constructs	Indicators	Sources for Extant Measures
Environmental awareness and behavior	Knowledge, positive behaviors	ECEP
Risk management skills	Skills and knowledge to avoid drug and alcohol use and risky sex	HBSC; National Longitudinal Survey of Youth (NLSY); National Longitudinal Survey of Adolescent Health (Add Health)
Critical thinking	Evaluation/analytical/problem-solving skills	PISA
Knowledge of essential life skills	Financial management, decision-making skills, home maintenance, etc.	
Positive relationships with peers, siblings, family, etc.	Warmth, closeness, communication, support, positive advice	(Volling & Bandon; 2005), EU-SILC; (Matthews et al., 2006); Add Health; What Young People Think (UNICEF Opinion Poll)

Adapted from: Lippman, LH; Moore, KA & McIntosh, H. (2011). Positive indicators of child well-being: A conceptual framework, measures, and methodological issues. *Applied Research in Quality of Life*. Accessed on August 16, 2011. <http://www.springerlink.com.proxy.uchicago.edu/content/tr32721263478297/>.



# Most Common Diagnosis for Maltreated Children and Youth and Evidence of Effective Practice

Diagnosis/Concern/Activity		Evidence of Effectiveness	
<b>Screening Activities</b>			
Identification of Mental Health and Behavioral Health Issues		SCREENING TOOLS	<ul style="list-style-type: none"><li>• Strengths and Difficulties Questionnaire</li><li>• Pediatric Symptom Checklist</li><li>• Child Behavior Checklist Behavior Assessment for Children</li><li>• Etc.</li></ul>
<b>Most Common Clinical-Level Social and Emotional Concerns</b>			
CHILD BEHAVIOR CONDUCT	INTERNALIZING: Withdrawn Anxiety/Depression		<ul style="list-style-type: none"><li>• Brief Strategic Family Therapy</li><li>• Child Parent Psychotherapy</li><li>• Functional Family Therapy</li><li>• Nurturing Parenting Programs (NPP)</li><li>• Parenting Wisely</li><li>• Triple P</li><li>• Etc.</li></ul>
	EXTERNALIZING Aggressive Behavior Delinquent Attention Problems		
<b>Most Common Mental Health Diagnoses for Children in Foster Care</b>			
Attention Deficit Hyperactivity Disorder		<ul style="list-style-type: none"><li>• Children’s Summer Treatment Program</li></ul>	
Posttraumatic Stress Disorder		<ul style="list-style-type: none"><li>• Cognitive Behavioral Intervention for Trauma in Schools (CBITS)</li><li>• Combined Parent-Child Cognitive Behavioral Therapy for Families at Risk for Child Physical Abuse</li><li>• Prolonged Exposure Therapy</li><li>• Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)</li></ul>	
Major Depression		<ul style="list-style-type: none"><li>• Adolescents Coping with Depression</li><li>• Alternative for Families-Cognitive Behavioral Therapy (AF-CBT, formerly known as Abuse-Focused-Cognitive Behavioral Therapy)</li><li>• Etc.</li></ul>	
Conduct Disorder/Oppositional Defiant Disorder		<ul style="list-style-type: none"><li>• Brief Strategic Family Therapy (BSFT)</li><li>• Familias Unidas</li><li>• Parent-Child Interaction Therapy (PCIT)</li><li>• Strengthening Families Program (SFP)</li></ul>	